

FILIAL THERAPY WITH UNDERGRADUATE TEACHER TRAINEES;  
CHILD-TEACHER RELATIONSHIP TRAINING

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This experimental research study investigated the effectiveness of the application of Child-Teacher Relationship training, adapted from child-centered play therapy procedures and skills training (filial therapy), with undergraduate teacher trainees. Specifically, this research determined if Child-Teacher Relationship training facilitated change in teacher trainees' interactions with children, parenting attitudes, and play therapy attitude knowledge and skills.

The experimental group of teacher trainees (n=18) received 10 weekly ninety minute training sessions in child-centered play therapy skills and procedures and conducted 7 weekly special play times with children. The comparison group (n=20) received supplemental training in child guidance during the ten weeks that included parent training and alternatives to corporal punishment. Experimental and comparison group participants completed pre-test and post-test measures, consisting of the Adolescent and Adult Parenting Attitudes Inventory (AAPI-2), the Play Therapy Attitudes, Knowledge, and Skills Survey (PTAKSS), and a videotaped special play time with a child which was rated using the Measurement of Empathy in Adult and Child Interactions (MEACI).

Analysis of covariance on adjusted post test means revealed that the teacher trainees in the experimental group demonstrated statistically significant ( $<.05$ ) increases in empathy towards children, allowing the child self direction, communication of acceptance, and

involvement as measured by the MEACI. Significant ( $<.05$ ) increases were also reported on teacher trainees in the experimental group on play therapy attitudes, knowledge, and skills as measured by the PTAKSS. The experimental group demonstrated growth in level of empathy and adult-child role subscales on the AAPI, and positive trends (.07) were reported on the AAPI expectations of children subscale.

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## CHAPTER I

### Introduction

Presumably the relationship that is most important in the life of a child, second only to that of a parent, is a relationship with a teacher. School age children spend more time every day with teachers than any other adult. Despite the fact that most teachers are trained in universities according to specific curriculum and pedagogy (Basinger, 1999), relationship skills are lacking in their training as evidenced by the fact that 80% of students enter school feeling good about themselves, while by the fifth grade only 20% of students report having a positive attitude about themselves (National Assessment of the Educational Process, 1990).

In 1999, teachers reported feeling unprepared to relate to children, and unable to deal with diverse cultural backgrounds and children with disabilities (National Center for Educational Statistics, 1999d). As the population of teachers becomes more homogenous (Texas Government, 1999d; Eric, 1999; National Center for Educational Statistics, 1999b), the need for training in relationship skills which respects individual differences will increase.

All too often children are not provided with an appropriate learning environment. Recent research in teacher training (Gibbs, 1995) has shown that children benefit from a learning environment that is characterized by trust,

belonging, involvement in decision-making, kindness and encouragement, nonjudgmental attitude, clear expectations, goals, learning outcomes, and fairness and equity in participation. Cartwright (1995) suggested that three additional characteristics are crucial to an early childhood teacher; kindness, courage, and integrity. These dimensions of an effective classroom environment are generally lacking in teacher training programs (Gibbs, 1995). According to Hawes (1989), "Education is a 'people' oriented profession and, as such, is dependent on verbal communication. In their formal education, teachers are taught how to organize classrooms and learning activities, and how to evaluate student progress. Unfortunately, unless their training is unique, teachers are not taught how to communicate effectively with children" (p.58).

In addition, teachers are generally not instructed in practical relationship skills. Literature in the field of education has reported minimal contributions in attempts to develop the relationship skills of teachers (Campbell, 1993; Faber, Mazlish, Nyberg, & Templeton, 1995; Galassi & Gullledge, 1997; Kottman & Johnson, 1993; Kottler & Kottler, 1993; Malley, Kush, & Bogo, 1994; Martin & Baldwin, 1996; Ray, 1999; White, Flynt, & Draper, 1997; & Wirth-Bond, Coyne, & Adams, 1991). Most studies designed to train teachers in counseling skills have focused on specific interventions, which include problem identification, referral techniques, and behavior management plans with children rather than relationship skills. An area of training that seems to hold considerable promise for the training of teachers in necessary relationship skills is filial therapy training.

Early childhood teacher education training specifically recognizes the educator's ability to build a child's positive self-concept through play (Beaty, 1998). Brewer (1998) supports the use of play by early childhood teachers to understand children's feelings. "Although most teachers are not trained to be play therapists, they can be aware of how children explore different emotions (anger, sadness, and so on) and different social roles through play" (Brewer, 1998, p.116). Beaty (1998) suggested that play can facilitate the development of a positive self-concept by providing children with activities through which they can experience success and thus appreciate and accept themselves. Since early childhood teacher training emphasizes play and values the importance of the relationship between teacher and student, filial therapy training seems a natural fit.

Filial therapy training was developed by Bernard and Louise Guerney in the 1960's to develop parent's skills in relating to their children. Parents were trained to use child-centered play therapy skills in special playtimes with their children. By the early seventies, filial therapy training was being used in various settings to develop adults' relationship skills with children (Ginsberg, 1976). Despite advances in the development of filial therapy training with a variety of adult populations, little has been done to utilize this training with teachers to develop their relationship skills with children in their classroom.

Many factors indicate the rising need for expanding teacher training. Kranz (1972) cited increasing class size, increased problems in childhood, and a lack of professionals trained in play therapy as key elements in the necessity for training teachers

in filial therapy skills. Helping teachers to acquire skills of acceptance and empathy is instrumental in strengthening the teacher-child relationship.

According to Guerney and Flumen (1970), basic play therapy skills are needed by teachers because they are in a unique position to make a dramatic impact on children. While a therapist must spend months building a therapeutic relationship, Guerney and Flumen (1970) suggested a close trusting relationship could be easily developed between a teacher and student: "The teacher is the child's symbiont. The teacher has inherent importance to the child, spending up to 30 hours a week with the child" (p.107). Guerney and Flumen (1970) reported that "over the years, literally hundreds of ordinary as well as disturbed children may have gained some benefit from the therapeutic attitudes and behaviors which the teacher has incorporated" (p. 108). They suggested that due to a pre-established relationship, a teacher can be even more effective than a therapist in reaching the child's emotional world. A teacher's ability to respond therapeutically to a child's feelings can help ease the daily emotional problems that arise in any child's life.

Hawes (1989) also advocated training teachers in counseling skills. He proposed that a school counselor would then supervise these teachers. Hawes hypothesized that improved communication with students would serve to improve the teacher's involvement with the students and the learning environment.

Andronico and Guerney (1969) suggested that teachers would benefit from greater knowledge of empathetic listening skills, and therapeutic limit setting. According to Gibbs (1995), the use of these kinds of relationship skills can serve not only to enhance the child's self-perception and self-understanding, but also to enhance the teacher-student

relationship as well as the learning environment. As early as 1969 Andronico and Guerney suggested that teachers possess the ability to generalize the relationship skills learned in filial therapy to the class setting. They proposed that in filial therapy training a teacher trainee would learn to practice reflective listening, to make self esteem building comments to children, to reflect understanding of feelings to children, and to set appropriate limits.

In 1978 L. Guerney used a filial therapy model to train college students as consultants and found filial therapy training extremely effective in teaching relationship skills. The efficacy of filial therapy has been proven effective with parents, college students, and various paraprofessionals. Previous literature has suggested the use of filial therapy training with teachers (Ginsberg, 1984; Bratton and Landreth, 1995; Landreth, 1999). However, the effectiveness of filial therapy training with teacher trainees has not been investigated.

#### Purpose of the Study

The problem with which this investigation was concerned is that of determining the effectiveness of an adaptation of Landreth's (1991) 10 week filial therapy training model, Child-Teacher Relationship Enhancement (CTR) in developing teacher trainee awareness and use of relationship skills utilizing basic child-centered play therapy methods.

The purpose of this study was to determine the effectiveness of CTR training in: (a) increasing teacher trainee's empathic behavior with children; (b) increasing teacher

trainee's positive parenting attitudes; (c) improving child-centered play therapy attitude, knowledge, and skills.

### Review of Related Literature

The following review is a synthesis of theory and research in two areas: (a) teacher training for early childhood majors, including a review of teacher qualifications, effectiveness, various training models used to positively impact the teacher-student relationship, and research in teacher training; and (b) filial therapy, including a review of the background, rationale, and research in filial therapy.

#### Teacher Training for Early Childhood Majors

In order to understand the need for relationship training in teacher education, it is important to examine existing teacher training, what is needed in teacher training, and current trends in the paradigms of pedagogy. While the requirements of teacher training in Texas seem to point toward a competent educator (Texas State Government, 1999a), the training offered seems to lack specific skills in dealing with the student-teacher relationship nature of teaching.

The state of Texas requires broad categories of competence in its certification requirements (Texas State Government, 1999a): (1) a broad general education; (2) an academic specialization(s); and (3) teaching knowledge and skills. The state further requires that educators pass three written exams: the Examination for the Certification of Educators in Texas (EXCET), the Texas Oral Proficiency Test, and the Texas Assessment of Sign Communication. However, relationship training is not specified or required by the state of Texas (Texas State Government, 1999a).

In order to understand the need for training in relationship skills, it is important to understand current directions in teacher training. The National Board for Professional Teaching Standards (NBPTS) promotes a national certification for all teachers with five core propositions that provide a rationale for teacher training: (1) teachers are committed to students and their learning; (2) teachers know the subjects they teach and how to teach those subjects to students; (3) teachers are responsible for managing and monitoring student learning; (4) teachers think systematically about their practice and learn from experience; and (5) teachers are members of learning communities (National Board for Professional Teaching Standards, 1999a). The student-teacher relationship aspects of teaching in these standards are outlined specifically in a policy position/explanation of tenet number one. In these standards a commitment to students and to their learning includes efforts to "foster self esteem, motivation, character, civic responsibility and their respect for individual, cultural, religious, and racial differences" (National Board for Professional Teaching Standards, 1999d, p.4). Despite the stated need for relationship training in the standards and the promotion by the NBPTS of relationship skills in a national standard, no instruction is required in this area by the State of Texas (Texas State Government, 1999a; Gibbs, 1995; Basinger, 1999).

The NBPTS's (1999b) standards for teachers, which represent the leading advocacy group for the professional development of teachers, also include eleven specific proficiencies for age groups. The standards for early childhood/generalist include the following: knowledge of students, knowledge of content and curriculum, learning environment, respect for diversity, instructional resources, meaningful application of



knowledge, multiple paths to knowledge, assessment, family involvement, reflection, and contributions to the profession. Although the need for relationship skills is not spelled out in these standards, there is an implied need in that understanding children and communicating effectively with children are crucial skills in developing a knowledge of students. Establishing a learning environment requires a setting that is characterized by caring, an inclusive and stimulating atmosphere where risk taking is promoted and encouraged and where relationships are formed and developed. Understanding and respecting others is interrelated to respect for diversity. The extent to which a teacher effectively involves the family in the educational process, as is suggested in the NBPTS standards, is contingent on the teacher's relationship skills.

Current trends in educational thought are reflected in recent paradigm shifts from traditional teacher directed classrooms towards an emerging paradigm of student-directed learning (Gibbs, 1995). The emerging paradigm of student-centered teaching emphasizes learning rather than teaching, the utilization of students as active constructors of meaning rather than passive recipients, and student directed learning rather than teacher directed learning (Gibbs, 1990).

### Research in Teacher Training

The following studies examined the effects of training teachers, as well as paraprofessionals, to be therapeutic agents with children in various settings.

Reinherz (1969) trained college students in activity based mental health counseling to work with emotionally disturbed children in a state mental hospital. The relationships the college students had with the children were designed to provide an

outside influence to the children, a role model, a stable relationship, and a normalizing relationship in which the children's skills could be tested. According to Reinherz (1969), the college students developed relationship skills that had therapeutic value in helping the children with emotional difficulties. Reinherz concluded that the experience seemed to be positive for the patients as well as the volunteers. Reinherz reported that psychological testing of the children confirmed growth as a result of the experiences with the student volunteers, although the tests were not identified and data was not reported.

Guerney and Flumen (1970) trained teachers in the use of basic child centered play therapy skills for the purpose of conducting special play times with children from their classrooms. The teachers were successful in helping individual children from their classroom decrease withdrawal behavior and improve emotional difficulties associated with withdrawal. The children's symptoms diminished as evidenced by a greater number of contacts with both peers and the teacher as compared to the control group.

Using Axlines' (1947) model, Kranz (1972) trained teachers to be "clinical assistants" and found significant results for both the teachers trained as well as the children who participated in special play times. Training included a 10-week course in the theoretical orientation to play therapy, followed by a 10-week counseling/play therapy practicum that included two one-hour play sessions a week with a child. The teachers received a total of 20 hours of direct contact with a child in a play therapy relationship. Principals and teachers referred the children. Common problems reported by the teachers in training were: expectation of instant change; eagerness to direct the sessions; difficulty in silence periods; problems in focusing on child's feelings; role confusion between

therapist and teacher or mother; and problems in accepting the child in the session. Kranz (1972) reported that the teachers experienced a greater understanding of the child's emotional world and greater acuity of the influence of emotional factors in the educational environment. The children experienced substantial reduction in educational anxiety, and relationship problems. Defiant behaviors also decreased.

White, Flynt, and Draper (1997) developed Kinder Therapy which utilizes teachers as therapeutic agents with children from their classrooms. The stated objective of Kinder Therapy is to "create a meaningful connection on an emotional level that will change (the) relationship, the child's behavior, and the teacher's behavior outside the playroom" (White et al., 1997, p.37). The training does not involve teachers becoming counselors or therapists; rather they become more skilled in developing positive relationships with students in the classroom (White, et. al, 1997). Kinder Therapy is an Adlerian application of filial therapy relationship skills with teachers. One of the central goals of Kinder Therapy is the ultimate inclusion of these filial therapy relationship skills into the classroom setting. The authors point out that goal identification and disclosure in the playroom and the classroom are included in order to help children develop awareness of their mistaken goals. The effectiveness of Kinder Therapy was supported by a case presentation that reported change in both the child and teacher in the playroom as well as in the classroom.

### Filial Therapy

Bernard and Louise Guerney created filial therapy in the 1960's (B. Guerney, 1964) to facilitate the emotional growth of emotionally disturbed children by enhancing

the parent-child relationship through the use of special play times during which parents practiced child-centered play therapy skills. The Guerney's were not the first to utilize a playtime between a parent and a child for therapeutic value. As early as 1909 Freud (1959) instructed the father of "Little Hans" in conducting play times with his child. Freud successfully treated the young boy's phobias through instructing the father regarding play times at home.

One of the earliest examples of the application of child-centered play therapy principles and skills to a parent-child relationship was Natalie Rogers Fuchs' (1957) work with her daughter who was having difficulty during toilet training. Fuchs was instructed by her father, Carl Rogers, by mail during the period she had play times with her daughter. Fuchs' play times with her daughter eventually resulted in an alleviation of the problem.

Guerney's introduction of filial training (1964) represented a departure from previous models of parent training. Filial therapy training included an emphasis on play times and supervision. As in the case of other forums of parent training, filial therapy training utilized regular group training and didactic instruction from a professional. However, in other parent training models, parents did not share their experience in a support group format, parents were not taught relationship skills which focused on the child's play communication, nor were parents taught to respond to children in a way that allows them to solve their own problems (Landreth, 1991).

The rationale underlying filial therapy training is explained in the eleven tenets laid out by Guerney (1962). (1) All maladjustment in the life of the child should be

understood in the perspective of relationships that the child is engaged in. Patterns of conflict have been engendered to this child through these family relationships. (2) Two traditional paths have existed in treating childhood emotional problems: individual therapy with the child, or family therapy / consultation including the parents and child. Change is sought in the network of the child's life that influenced and reinforced maladjusted patterns. (3) The primary considerations of change in the child's life are permissiveness and understanding, either on the part of the therapist in an individual setting, or by the parents in a family setting. (4) In the filial model the parents are not only inspired to be helped, but can actually be of help. (5) Parents can be expected to learn the role of play therapist for their child reasonably well. (6) The process of learning the skills of play therapy often provides parents with insight into personal issues that they were not aware of previously. (7) The process, even for a short time, of changing roles can serve to weaken old dysfunctional roles by the parent. (8) The parent can gain a much greater understanding of the child in the process of practicing special play times with the child. (9) The attention by the parent to the child can prove to be therapeutic, even if for a short period of time. (10) The role of the parent as therapist will multiply the weight of therapeutic progress for both the child and parent as well as for the child-parent relationship. (11) The lessons of filial therapy can serve the parent long after formal therapy has ended. Basically the tenets of filial therapy rest on the assumption that the parent, if able to learn the skills of child-centered play therapy, can be infinitely more effective than a therapist attempting to perform the same function.

According to Guerney (1964) the nature of the play session seeks to: change the child's perceptions or misperceptions of the parent's feelings, attitudes, or behavior toward the child; to allow the child to communicate thoughts, needs, and feelings to parents which have previously been kept from the parents; and to bring the child a greater sense of self-respect, self-worth, and confidence.

Landreth (1991) developed a condensed 10-week filial therapy training model based on Guerney's (1964) filial model. Landreth suggested that filial therapy training enhances a parent's sensitivity to their child as they learn how to create a non-judgmental, understanding, and accepting environment through which a child is able to explore new aspects of self and new ways of relating to their parents. This training takes place in a small group of up to 6 to 8 parents in which the skills and application of child-centered play therapy principles are taught through discussion, videotape, demonstration and role-playing.

According to Stover and Guerney (1967) there are several advantages to the use of filial therapy training with parents. It is the most effective use of the professional counselor's time to utilize filial therapy with parents and children. Parental fears and rivalry that might develop as the child bonds with the therapist and withdraws from a parent are reduced in filial therapy training. Guilt, commonly associated with resorting to an outside professional for help in dealing with a child's problems, is reduced in filial therapy as the parent is trained to become the agent of change in the child's life. Avoidance of the problems that otherwise are aroused when the parent does not develop

appropriate responses to new child behavior patterns is also a benefit of filial therapy training.

Van Fleet (1994) identified three central constructs in the practice and application of filial therapy. She suggested that filial therapists must recognize the value of play in childhood, and acknowledge play as the primary avenue for understanding children's worlds. Filial therapists must also trust that parents are able to learn the skills of filial therapy. If the filial therapist does not believe this about the parent, then it is unlikely that the parent will ever achieve understanding and mastery of the skills of conducting play times with a child. Finally, filial therapists prefer an educational model to a biological and behavioral model when interviewing and evaluating children and families. Van Fleet identified the central goals of filial therapy as: (a) eliminate presenting problems at their source; (b) develop positive interactions between parents and their children; and (c) increase families' communication, coping, and problem solving skills so they are better able to handle future problems independently and successfully.

#### Research in Filial Therapy

Stover and Guerney (1967) utilized filial therapy training with mothers and found a significant increase in the observed frequency of reflective statements and a decrease in directive statements. Positive change in the parent child relationship and the child's general emotional development was supported by self-report. This study did not use a control group. Oxman (1972) utilized the data from Stover and Guerney (1967) as a experimental group and matched a volunteer control group matched on demographic data.

Statistical analysis revealed that the treatment group made significantly greater enhancement in their children's behavior.

Using the filial model set forth by Guerney (1964), Stollak (1969) trained college students to conduct special play times with children. Twenty volunteer college students received ten weeks of training and then conducted play times with referred children through an on campus clinic. No control group was used, and only children with severe mental retardation, severe emotional disturbance, or brain damage were excluded from the study. Stollak found that the undergraduates made significant improvements in reflection of content and clarification of feelings as a result of the filial training. He reported that the college students demonstrated a competence level in conducting play sessions equal to and greater than many graduate students who received similar training. Stollak suggested that college students represented an untapped resource in using child-centered play therapy to treat children.

Guerney and Stover's (1971) study of the effectiveness of filial therapy with 51 mothers and their children confirmed their earlier findings. Significance increases were found in both studies confirming that mothers could learn to reflect feelings, allow their children self-direction, and demonstrate appropriate involvement in the affective behavior and expressions of their children. Clinical assessments revealed improvement in the psychosocial adjustment and symptomatology in all 51 children. The children also reported significant increases in several areas: increased interaction with their mothers, appropriate expression of aggression, appropriate sharing behaviors, and decreased dependence.



A follow up of research participants from B. Guerney and Stover (1971) by L. Guerney (1975) revealed significant longitudinal findings: only one of the 42 children required treatment after the filial training; 32 mothers reported continued improvement, while 4 reported regression, and 1 reported deterioration; 64% of the mother attributed the continued growth due to their own ability to understand their child; and the mothers reported an overall positive evaluation of the filial therapy training program. This follow up study confirms the effectiveness of filial therapy training after a 3-year period.

Boll (1972) examined the effectiveness of filial therapy training with a group of parents of mentally retarded children. A group of parents trained in traditional filial therapy, a group trained in filial therapy and given additional instruction on specific reinforcement and extinction techniques, and a control group were compared in this study. Both groups trained in filial therapy reported improvement in their children's socially adaptive behavior with the most change occurring in the traditionally trained group. Boll suggested that the difference was due to group dynamics in the traditional group as compared to the other treatment group.

B. Guerney (1976) examined the effectiveness of filial therapy as a treatment for emotionally disturbed children. He reported that children in the treatment group achieved significant improvement in social adjustment and reduction in conflicts with parents, teachers, and peers. Symptoms of emotional dysfunction were decreased as well as mothers' dissatisfaction with their children. Socioeconomic background, type and degree of child maladjustment, maternal attitude, and personality variables were not considered to be determinants.

Ginsberg (1976) examined the effectiveness of filial therapy with foster parents, single parent families, and families with different socioeconomic status. All groups reported positive results. Specifically, mothers in low socioeconomic experienced positive change as reported by parent report, school progress, and sibling and peer interaction. Foster parents reported reduced stress and an enhanced ability to build a mutually satisfactory relationship with foster children. In a later study, L. Guernsey and Glavin (1981) supported these findings that foster parents were more accepting of their foster children after filial therapy training.

In an attempt to control for potential differences between parents who seek professional help and those who do not, Sywulak (1977) utilized a design in which participants served as both the control and treatment group for a study of filial therapy. Thirteen mother/father pairs and 6 single mother participants completed assessments 4 months prior to training, at a 2 month mid-point in training, and after 4 months of training. The study revealed significant improvement in child adjustment and parental acceptance after 2 months of training and this improvement was maintained after 4 months of training.

Sensue (1981) conducted a three year follow up study of the Sywulak (1977) study which had reported that filial therapy significantly increased parental acceptance and perceived child adjustment in a treatment group after four months of training. Positive results were confirmed after three years: parents and children reported positive change as a result of filial therapy training; and children who were formerly diagnosed as maladjusted were as well adjusted as the control group children.

Wall (1979) examined the efficacy of play therapy provided by three groups: masters level trained play therapists, untrained parents, and by parents directed and observed by masters level trained play therapists. Parents trained by master's level students improved their ability in empathic communication with their children. Wall suggested that the parent's ability to accept negative feelings might have a more powerful effect on the children than the same acceptance from a therapist.

Lebovitz (1983) conducted a similar study that compared the effectiveness of a filial therapy group, a group conducting supervised play sessions, and a control group. Parent's filial skills were assessed, and parents, teachers, and independent observers assessed change in children's behavior. Assessments of children in both the filial group and the supervised play session's group revealed fewer behavioral problems as compared to the control group. Parents in the filial therapy group experienced several significant increases over the supervised play session's group: greater decrease in children's problem behavior; parents communicated more acceptance of feelings, allowed children more self direction, and exhibited more involvement with their children; and the children demonstrated a greater decrease in dependence on their parents.

Payton (1980) studied the effectiveness of filial therapy between three groups: parents, paraprofessionals, and a control group. Parents in filial therapy training reported significantly higher scores on parenting attitude, and improvement in children's behaviors as compared to the other two groups. Payton reported that parents are more effective in affecting personality adjustment in their children's personality than paraprofessionals.

Kezur (1980) studied children who received both filial therapy sessions with their parents as well as play therapy sessions with a therapist concurrently. Communication patterns between mother and child and their impact on the relationship were examined. The study revealed that: the mothers developed more effective communication patterns; children who expressed anger with the therapist became more open to expressing anger with their mother; mothers developed more insights into their communication; mothers who developed personal insights changed with their children in a positive direction; mothers were able to better meet their children's needs when they first met their own needs; and positive change in the mother child relationship occurred as both gained self esteem.

Glass (1986) studied Landreth's (1991) 10-week filial therapy model and found that parents who received the training reported a significant increase in unconditional love for their children, a decrease in the level of conflict, and an increase in their level of understanding of their children's play as compared to a control group. Other benefits were positive changes in parental acceptance, respect for children's feelings, recognition for children's need for autonomy, and closeness between parents and children.

Landreth's (1991) 10-week filial therapy training model was studied with parents of chronically ill children by Glazer-Waldman (1991). No significance was found in pre-test and post-test measures of acceptance and anxiety for the parents. Five parents in the study did report positive change in themselves and in their children. Tew (1997) also used the Landreth (1991) 10-week model in working with families with chronically ill children. She found significant differences in: strengthened and enhanced parent-child

relationships, decreased parent stress, increased attitude of acceptance by the parent, and a significant decrease in problematic behavior of chronically ill children.

Lobaugh (1991) studied the effectiveness of Landreth's (1991) 10-week filial therapy training model with incarcerated fathers. The fathers were trained once a week for two-hour training meetings. The fathers in the treatment group demonstrated significantly increased parental acceptance, appreciation of the child's unique makeup, recognition of the child's need for independence, and unconditional love, as well as significantly reduced parenting stress as compared with a control group of incarcerated fathers. Children in the treatment group benefited from an increased self-esteem and a decrease in problematic behavior as observed by the parent. The Landreth (1991) 10-week filial therapy training model has also been used in a prison system to positively impact incarcerated mother's relationships with their children. Harris and Landreth (1997) reported filial therapy to be an appropriate intervention in working with incarcerated mothers in a five-week, bi-weekly training model. This experimental study showed significant change in the mother's empathic interactions with their children, attitude of acceptance towards their children, and a reduction in number of problems with children's behavior in control to the control group.

Bratton and Landreth (1995) examined the use of Landreth's (1991) 10-week filial therapy model with single parents in an experimental-control group design. They reported that single mothers developed healthier parenting skills and the weekly training group sessions provided needed emotional support. Parents in the treatment group showed significant increases in both attitude of acceptance, and empathic behavior.

Parenting stress was significantly reduced in the treatment group as well, and parents reported significantly fewer problems with their children's behavior.

Bavin-Hoffman, Jennings, and Landreth (1996) examined the longitudinal effects of Landreth's (1991) 10-week filial model on familial relationships that were outside of the play therapy relationship. Significant findings three years after participation in filial therapy training indicated that family functioning was increased in the areas of improved parent-child communication, improved partner communication, and improved child behavior. Other findings suggested that a side effect of filial therapy training was increased couple unity and value. This study points to the fact that when parents are more unified in parenting goals and strategies there is greater marital harmony and reduced parenting anxiety.

Recent studies have investigated the effectiveness of the Landreth (1991) 10-week filial therapy model with various cultures. In a quantitative study of Native Americans parents and their children, Glover (1996) utilized filial therapy with parents on the Flathead Reservation in Montana and found significant results in increased level of empathy. Child participants experienced significant increases in level of desirable play behaviors with parents. Measures showed positive trends in parental acceptance, parental stress, and children's self-concept. Chau and Landreth (1997) examined the effectiveness of filial therapy with Chinese immigrant parents and their children. They reported significant findings in increasing empathic interactions, increasing attitudes of acceptance, and in reducing parenting stress as compared to a control group.

Yuen (1997) also utilized the Landreth (1991) 10-week filial therapy training model with Chinese immigrant parents. Participants met for 2 hour weekly training sessions and met with their child for a 30-minute weekly playtime. This experimental research study found a significant increase in treatment group participants level of empathic behavior, level of acceptance of the child, as well as a significant decrease in level of stress related to parenting, and in perceived problems in their children.

The Landreth (1991) 10-week filial therapy training model has also been effective with children experiencing learning difficulties. Kale (1997) found that filial therapy training significantly increased parent acceptance and decreased parenting stress with parents of children experiencing learning difficulties as compared to a control group.

Costas (1998) investigated the effectiveness of the Landreth (1991) 10-week filial therapy training model as a method of intervention for non-offending parents and their children who had experienced sexual abuse. The 14 experimental group parents evidenced a significantly increased level of empathy and acceptance toward children, as well as reduction of parental stress as compared to the 12 control group participants.

### Summary

In recent years, teacher training has been revised to meet the growing needs of children in the classroom. Relationship skills have been noted as areas needing development by national organizations. Although research has demonstrated the effectiveness of relationship skills training for teachers, teacher training for early childhood education majors has lacked skills training requirements at the state level.

The treatment strategy in filial therapy is to develop parental empathy, acceptance, allowing the child self-direction, and involvement in the child's play in adult-child interactions during weekly play times (Stover and Guernsey, 1971). A relationship based on these characteristics helps children to develop self-confidence and self-direction as they develop a relationship with the adult. Filial therapy has been shown to be effective in parental stress, creating more effective child management skills, increasing acceptance of the child, allowing the child self direction, increasing involvement with the child, acknowledgement and respect for children's feelings, increasing children's self-concept, self acceptance, and self understanding. Research in filial therapy has yielded confirmation of the filial therapy-training model as effective in training adults in basic child-centered play therapy skills. Filial therapy has been demonstrated to be effective as well with paraprofessionals such as teachers, volunteers, and college students. Mothers and paraprofessionals trained in filial therapy procedures have been shown to be effective with a wide range of populations and in a variety of settings. Training teacher trainees in an adaptation of filial therapy, Child-Teacher Relationship (CTR) model could be an efficient, effective, and innovative way to develop necessary counseling skills and to improve the teacher-child relationship.



## CHAPTER II

### METHODS AND PROCEDURES

The purpose of this study was to determine the effectiveness of Child-Teacher Relationship (CTR) training on teacher trainees in three areas: 1) increasing teacher trainee's empathic behavior with children; 2) increasing teacher trainee's positive parenting attitudes; and 3) improving teacher trainee's child-centered play therapy attitude, knowledge, and skills.

#### Definitions of Terms

Adult-Child Role-Reversal represents environments in which children exist to meet the needs of adults. For the purpose of this study, adult-child role-reversal was operationally defined as the teacher trainee's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Allowing Children Self Direction is the behavioral willingness to follow the child's lead rather than to comparison the child's behavior. For the purpose of this study, allowing the child self direction was operationally defined as the teacher trainee's score on this subscale of the MEACI (Stover et al., 1971).

Attitude is a basic belief about and a way of being with children. For the purpose of this study, teacher trainee attitude was operationally defined as the teacher trainees'

score on the Attitude subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS) (Kao, 1996).

Belief in the Value of Corporal Punishment involves the use of physical punishment with children. For the purpose of this study, belief in the value of corporal punishment was operationally defined as the teacher trainee's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Communication of Acceptance involves the verbal expression of acceptance and /or rejection of the child. For the purpose of this study, communication of acceptance was operationally defined as the teacher trainee's score on this subscale of the MEACI (Stover, et al., 1971).

Empathy refers to teacher trainee's sensitivity to children's current feelings and teacher trainees' ability to verbally communicate this understanding to the child. For the purpose of this study, empathy was operationally defined as the teacher trainee's total score on the MEACI.

Filial Therapy was defined as follows:

Filial therapy is a unique approach used by professionals trained in play therapy to train parents to be therapeutic agents with their own children through a format of didactic instruction, demonstration play sessions, required at-home laboratory play sessions, and supervision. Parents are taught basic child-centered play therapy skills including responsive listening, recognizing children's emotional needs, therapeutic limit setting, building children's self esteem, and structuring required weekly play sessions with their children using a special kit of selected toys.

Parents learn how to create a nonjudgmental, understanding, and accepting environment which enhances the parent-child relationship, thus facilitating personal growth and change for child and parent. (Landreth, 1999)

Inability to be Empathically Aware of Children's needs indicates a low empathic awareness of children's needs. For the purpose of this study, inability to be empathically aware of children's needs was operationally defined as the teacher trainee's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Inappropriate Expectations of Children indicates a general lack of understanding of children's developmental capabilities. For the purpose of this study, inappropriate expectations of children was operationally defined as the teacher trainee's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Involvement is described as the parents' attention to and participation in the child's activity even though it may not always be contributed in a positive way. For the purpose of this study, involvement was operationally defined as the teacher trainee's score on this subtest of the MEACI (Stover et al., 1971).

Knowledge refers to fundamental knowledge of child-centered play therapy, including a view of children, the counseling approach with children, and important child-centered play therapy concepts and terms. For the purpose of this study, teacher trainee knowledge was operationally defined as the teacher trainees' score on the Knowledge subscale of the PTAKSS (Kao, 1996).

Oppressing Children's Power and Independence indicates a strong emphasis on obedience: having children do what they are told. For the purpose of this study,

oppressing children's power and independence was operationally defined as the teacher trainee's score on this subscale of the AAPI-2 (Bavolek & Keene, 1999).

Play Therapy is defined as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the child's natural medium of communication, play (Landreth, 1991, p. 14).

Skills refers to the ability of the teacher trainee to transfer play therapy knowledge into skills and confidence in applying those skills. For the purpose of this study, teacher trainee skill was operationally defined as the teacher trainees' score on the Skill subscale of the PTAKSS (Kao, 1996).

### Hypotheses

To implement the purposes of this investigation, the following hypotheses were formulated:

1. The experimental group of teacher trainees will attain a significantly lower mean total score on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of teacher trainees.

- a) The experimental group of teacher trainees will attain a significantly lower mean score on the Communication of Acceptance subscale of the MEACI posttest than will the comparison group of teacher trainees.
  - b) The experimental group of teacher trainees will attain a significantly lower mean score on the Allowing the Child Self-Direction subscale of the MEACI posttest than will the comparison group of teacher trainees.
  - c) The experimental group of teacher trainees will attain a significantly lower mean score on the Involvement subscale of the MEACI posttest than will the comparison group of teacher trainees.
- 2. The experimental group of teacher trainees will attain a significantly higher mean score on the Inappropriate Expectations of Children subscale of the AAPI-2 posttest than will the comparison group of teacher trainees.
  - 3. The experimental group of teacher trainees will attain a significantly higher mean score on the Lack of Empathic Awareness of Children's Needs subscale of the AAPI-2 posttest than will the comparison group of teacher trainees.
  - 4. The experimental group of teacher trainees will attain a significantly higher mean score on the Strong Belief in the Use and Value of Corporal Punishment subscale of the AAPI-2 posttest than will the comparison group of teacher trainees.
  - 5. The experimental group of teacher trainees will attain a significantly higher mean score on the Reversing Adult-Child Roles subscale of the AAPI-2 posttest than will the comparison group of teacher trainees.

6. The experimental group of teacher trainees will attain a significantly higher mean score on the Oppressing Children's Power and Independence subscale of the AAPI-2 posttest than will the comparison group of teacher trainees.
7. The experimental group of teacher trainees will attain a significantly higher mean total score on the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS) posttest than will the comparison group of teacher trainees.
  - a) The experimental group of teacher trainees will attain a significantly higher mean score on the Play Therapy Attitude subscale of the PTAKSS posttest than will the comparison group of teacher trainees.
  - b) The experimental group of teacher trainees will attain a significantly higher mean score on the Play Therapy Knowledge subscale of the PTAKSS posttest than will the comparison group of teacher trainees.
  - c) The experimental group of teacher trainees will attain a significantly higher mean score on the Play Therapy Skills subscale of the PTAKSS posttest than will the comparison group of teacher trainees.

#### Instrumentation

##### Measurement of Empathy in Adult-Child Interaction

The Measurement of Empathy in Adult-Child Interaction (MEACI) was adapted by Bratton (1993) from a scale developed by Stover et al. (1971) to operationally define empathy as related to parent-child interactions. This direct observational scale measures three specific parental behaviors identified as major aspects of empathy in adult-child interactions including communication of acceptance, allowing the child self direction, and

involvement. The scale also provides a total empathy score. Lower scores indicate higher levels of positive behavior in the total score and in each of the subscales.

The “Communication of Acceptance” subscale measures the adult’s verbal expression of acceptance-rejection of the child's feelings and behaviors during the adult-child play sessions. The dimension of acceptance is viewed as a necessary condition for optimal development of the child’s self-worth and the major element in the communication of empathy (Stover et al., 1971). The “Allowing the Child Self-Direction” subscale measures the verbal expression of acceptance and the behavioral willingness on the part of the adult to follow the child's lead instead of attempting to comparison the child's behavior during the play session. The “Involvement” subscale measures the adult’s attention to and participation in the child's play. Stover et al. (1971) found that high scores on the involvement subscale may or may not be related to high levels of empathy. Bratton and Landreth (1995) found that high levels of communication of acceptance and allowing the child to self-direct correlated with high levels of involvement.

The MEACI is a five point bipolar scale utilized to rate the three dimensions of adult-child interaction at 3 minute intervals for six consecutive rating intervals (See Appendix C). The scale ranges from a high rating of one to a low rating of 5. Each point on the scale is followed by typical responses obtained from codings of the direct observations of parent-child interactions. Considering the three subscales together as components of empathic behavior, the highest levels of empathy are evident when the adult is commenting frequently on the child’s expression of feeling or behavior in a genuinely accepting manner; is clearly demonstrating that the child is fully permitted to

engage in self-directed activity; and, is attending fully to the child's behavior. The lowest level of empathic communication occurs when the parent is verbally critical and rejecting of the feelings or behaviors of the child; cajoles, demands, and continually redirects the child's activity; and, is self-involved, preoccupied, or shut-off from the child.

Reliability coefficients were established for the three subscales. After four training sessions for collaborative rating on a half hour play session, followed by discussion, six pairs of coders independently rated 7 to 10 parent-child play sessions of 20 minutes each. The average reliability correlation coefficient for the "Communication of Acceptance" subscale was .92. The "Allowing Child Self-Direction" subscale had a median correlation coefficient of .89, and the "Involvement" subscale had an average coefficient of .89 (Stover et al., 1971).

Construct validity for each subscale and the total empathy score was demonstrated in a study with a group of 51 mothers who participated in filial therapy training (B. Guerney, & Stover, 1971). The validity of these scales were demonstrated through filial therapy training because it involved training parents in empathic skills that closely matched the behaviors the scales were intended to measure. The parents' levels of empathic interactions with their children were measured three times: 1) a pre-training play session; 2) the first post-training play session; and 3) the third post-training play sessions. Highly significant increases, at the .005 level, between the pre-training and the first post-training play session were obtained on each subscale and for the total empathy score. A significant increase, at the .01 level, between the first and third post-training play sessions demonstrated that the scales are extremely sensitive measures of the



empathic behaviors. Concurrent validity was established by demonstrating a .85 correlation at the .005 level between the MEACI and a previously developed empathy measure for adult-child interaction (B.Guerney, Stover, & DeMerrit, 1968).

The MEACI is considered appropriate for this study for the following reasons. The measurement is the most appropriate measure for the assessment of empathy in adult-child interactions. The MEACI examines key issues concerned with this study: the ability of teacher trainees to learn skills that facilitate the communication of acceptance, allowing the child self-direction, and teacher trainee involvement in the child's activities. These areas are the key goals of filial therapy.

#### Adult-Adolescent Parenting Inventory

The Adult-Adolescent Parenting Inventory (AAPI-2) is designed to assess the parenting attitudes of adults and adolescent parent and pre-parent populations. This self-report instrument is based on known parenting attitudes commonly found in abusive parents and assesses the risk for behaviors commonly associated with child abuse and neglect. Five parenting and child rearing behaviors were identified. Inappropriate expectations of children indicate a general lack of understanding of children's developmental capabilities. Lack of empathy towards children's needs represents a low empathic awareness of children's needs. Belief in the value of corporal punishment represents hitting as the only way children learn to obey rules and stay out of trouble. Adult-child role-reversal represents environments in which children exist to meet the needs of adults. Oppressing children's power and independence indicates a strong emphasis on obedience: having children do what they are told.

The “Inappropriate Expectations of Children” subscale measures the appropriateness of an adult’s understanding of the needs and capabilities of children. Expectations are also impacted by adult’s negative view of self, which then are translated to a negative view of children. Abusive adults consequently lack an appropriate empathy to possess an appropriate view of a child’s developmental stance.

The “Lack of Empathic Awareness of Children’s Needs” subscale measures the adults awareness of another person’s needs, feelings, and state of being. Empathic adults are often sensitive to children and seek to develop an environment which promotes a child’s emotional, intellectual, physical, social, spiritual, and creative growth. Children who grow up in an abusive environment that is devoid of empathy fail to develop a moral code, a sense of right and wrong, cooperation and kindness, and are self serving (Bavolek & Keene, 1999).

The “Belief in the Use and Value of Corporal Punishment” measures the adult’s view of corporal punishment as preferred means of discipline. Abusive parents often justify the use of physical punishment as evidence of leadership and defend the right to use physical force adamantly.

“Adult-Child Role-Reversal” measures an adult’s need to reverse the adult and child roles. This is commonly associated with a lack of empathy, but is distinctly different. When an adult fails to empathize with a child the child is often left to care for self, whereas when the roles are reversed the child often takes on the care of the adult and becomes an authority figure in the home. This reversal is harmful for children as they fail

to meet significant developmental goals and develop a poor sense of self and a view of themselves as existing only to care for their parents (Bavolek & Keene, 1999).

The “Oppressing Children’s Power and Independence” subscale measures an individual’s view of children’s use of power to explore and understand natural environments as threatening and as evidence of acting out and becoming disrespectful. This behavior is seen by abusive parents as threatening and necessitating action to oppress a child’s power and independence. Bavolek & Keene (1999) suggested that oppressing children develops obedience that breeds powerlessness, inadequacy, rebelliousness, compliance – to all, and followers not leaders.

The AAPI-2 consists of two 40-item inventories, that are based on a five point likert scale, utilized to generate five sub-scores that provide an index of risk in the previously discussed subscales. The two forms (A & B) contain different items and are intended for use as a pre-test and post-test measure. Either form can be used as pre-test or post-test. The scale is written on a fifth grade reading level, and requires no time limit in administration. The average time to complete the assessment is 12 – 17 minutes. The assessment may be read aloud to a maximum of 5 non-readers per administration. The scale is designed to assess the parenting attitudes of adolescents ages 13-19 and adults 20 years and older.

The AAPI-2 is scored using a scoring template and a profile worksheet, each of which are specific to the version of the inventory. Each of the sub-scores is then added on the profile sheet to render a raw score. Raw scores are converted to standard scores utilizing norm tables based on gender and age.

High scores (7-10) on construct A (Inappropriate Expectations of Children) indicate a realistic understanding of the developmental capacities of children as well as a general acceptance of the limitations of children. Low scores indicate (1-4) indicate a lack of understanding of the developmental capacities of children and require children to achieve at a much higher standard than they are capable. Mid scores (4-7) are represented by the general parenting population.

High scores on construct B (Lack of Empathic Awareness of Children's Needs) represent an individual who is sensitive to the needs of children and places those in high regard. Low scores indicate a low level of empathic behavior towards children and an adult who has trouble helping children meet their own needs.

High scores on construct C (Belief in the Use and Value of Corporal Punishment) reflect a dislike of the use of physical punishment with children and prefer a positive non-violent alternative to discipline. Bavolek & Keene (1999) suggest that low scores on construct C commonly reflect a strict, authoritarian environment and point towards limited communication in the home, recognition of feelings is limited, and rules are often not established and if they are it is for children only.

High scores on construct D (Adult-Child Role-Reversal) represent an understanding of the needs of self and of children. Clear roles for child and adult are established and needs are met appropriately for adult including social, emotional, spiritual, sexual, and physical. Low scores on construct D indicate homes where roles are reversed. Children often are forced into reluctant roles of leadership in the home in which they become caregivers for other siblings and possibly parents.

High scores on construct E (Oppressing Children's Power and Independence) mean that individuals place a high value on children feeling empowered. Empowerment is characterized by giving choices, having input, and problem solving. Low scores on construct E indicate a strong emphasis on obedience.

A standard score of 1 is achieved by approximately 2.3% of the population, as is a score of 10. These represent small extremes of the population. A standard score of 5 is achieved by 19.1% and 6 by 19.1%; 38.2% receive a 5 or 6. Standard scores follow the normal distribution and thereby cumulative. A 5 is better than 30.9% of the population ( $2.3 + 4.4 + 9.2 + 15.0$ ) representing the standard scores from 1 to 4.

Content validity was established through a pilot study consisting of 125 items that were sent to professionals in the helping professions based on the established 5 constructs. Item and factor analysis yielded 84 items to be considered for a wider study. Fifty-three agencies across twenty-three states contributed to norming data for the APPI-2. Construct validity was established utilizing Person interitem correlations followed by Oblimin rotation. Reliability was established with Cronbach Alpha of .80 or above. Correlations between the two forms (A & B) values ranged between .80 and .92, confirming comparability of the two forms.

#### The Play Therapy Attitude-Knowledge-Skills Survey

The Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS) is a self-administered written test developed by Kao and Landreth (1997). The scale is based on three important objectives of child-centered play therapy training: attitude, knowledge, and skills. Items in the attitude subscale refer to essential belief and interaction patterns

that trainees are expected to obtain from child-centered play therapy training. Items in the knowledge subscale refer to what trainees should know as a result of attending the child-centered play therapy training. Items in the skills subscale evaluate the trainees' confidence in applying the child-centered play therapy skills.

Test items were developed based on two main child-centered play therapy texts: Play Therapy (Axline, 1947) and Play Therapy: The Art of the Relationship (Landreth, 1991). The developer of this survey read through both texts and located related concepts to form a pool of tentative test items. A group of qualified doctoral play therapists also added to the original pool. Landreth double checked the test items for appropriate child-centered content, excluded unrelated descriptions, added missing concepts and refined unclear items. The test items were worded in both positive and negative ways to avoid participants' awareness of preferred answers. Ambiguous items and vague descriptions were either excluded or modified as a result of feedback from participants in a pilot study to ensure clarity of the instrument.

The PTAKSS consists of three subscales- the play therapy attitude scale, the play therapy knowledge scale, and the play therapy skill scale. The PTAKSS is an 80-item Likert scale format on which 5 indicates high agreement or ability, and 1 indicates low agreement or ability. The attitude scale consists of 33 items, which are items #1 to #33. The knowledge scale consists of 21 items, which are items #34 to #54. The skill scale consists of 26 items, which are items #55 to #80. The scoring for items, #5, 13, 17, 20, 22, 23, 26, 28, 29, 31, 33, 34, 35, 36, 37, 38, 39, 42, had to be reversed at the Likert scale because a low score was the preferred answer. For example, item # 5: "I usually provide

too many answers to children.” Rating 1 (never) is the preferred rating than 5 (always) and thus should receive the high score. The PTAKSS has 4 different scores: the total score, attitude score, knowledge score, and skills score. Participants took approximately 20 minutes to complete the scale in the pilot test.

Content validity was established using a panel of 4 expert judges who had doctorates in counseling, were considered experts in the field of play therapy, and were registered play therapist-supervisors. The panel rated each item on a continuum of 1 representing low value to 5 representing high value. Agreement was achieved on 87 of the 88 items with scores of 4 to 5 among at least 3 of the 4 judges.

A pilot study consisting of 18 participants and a field test consisting of 104 participants were conducted on the PTAKSS using a pretest and posttest to determine reliability. Reliability coefficients (Chronbach’s alpha) for the PTAKSS were total scale .98, attitude scale .73, knowledge scale .94, and skill scale .99.

Criteria validity was established using correlation coefficients. Each participant was given a criteria score by calculating the participant’s graduate play therapy course training, e.g. one play therapy graduate student counts one score for criteria score, two play therapy graduate courses count two scores for the criteria score, etc. Each participant’s score was correlated with the total score of the PTAKSS and its subscales to determine whether significant differences existed. The correlation coefficients were total score .70 ( $P<.0001$ ), attitude scale .34 ( $P<.0001$ ), knowledge scale .71 ( $P<.0001$ ), and skill score .68 ( $P<.0001$ ). Statistically, the PTAKSS was determined to be a valid measurement of play therapy attitude, knowledge, and skills.

### Selection of Subjects

This research project was reviewed and approved by the University of North Texas Institutional Review Board for the Protection of Human Subjects. An undergraduate course, EDCD 4510 “Child and Youth Guidance” in the department of Child/Human Development and Family Studies at the University of North Texas, was selected as the subject pool from which to recruit participants for this study based on the following criteria: (a) the course content closely matched the research objectives; (b) it was a required class for early childhood teacher trainees; (c) all class participants were required to spend time with a child weekly according to the class syllabus; (d) the professor of record was willing to allow experimental group research participants to attend filial therapy training for one half of the class time each week and for them to receive a grade for their participation in the study so no disadvantage would be conveyed for participation in the experimental group; and (e) this class was recommended and approved by the Child/Human Development and Family Studies department chair for this study.

Student volunteers were selected to participate in the study based on the following criteria: (a) experimental and comparison group students must be enrolled in EDCD 4510 in the Department of Child/Human Development and Family Studies at the University of North Texas; (b) participants must never have received any previous filial therapy training, or similar training in child centered play therapy techniques; (c) participants must be able and willing to complete pre-testing and able to attend post-testing and complete post-testing; (d) participants must be willing to sign informed consent



documentation; (e) experimental group participants must be willing and able to participate in ten consecutive weeks of training; and (f) experimental group participants must be willing and able to have 7-8 special play times with a child of focus. Students who met the specified criteria and volunteered for participation were included in the study.

The investigator met with the entire class to explain the purpose and requirements of the training offered, to provide information about confidentiality, and to answer any questions participants had before they signed the consent form. The students were informed that they would be required to complete pre-test and post-test measures. All participants were offered extra credit for participation in the study.

Of 40 students enrolled in EDCD 4510 in the fall of 1999, 38 chose to participate in the study. Under the convenience sampling method, group assignment was based on volunteer selection in either treatment or comparison groups. Eighteen students volunteered to participate in the training and 20 students volunteered to participate in the comparison group. The class met twice a week for an hour and a half and experimental group members attended a separate section of the class once a week for the 10-week study, and were evaluated for a class grade according to participation by the researcher. All participants were informed that they could remove themselves from the study with no academic consequence. The comparison group was offered Child-Teacher Relationship training at the end of the 10 week study.

Experimental and comparison group members were not matched according to demographic information. Tables 1 and 2 present the demographic data of the experimental and comparison groups.

Table 1

Demographic Data of Experimental and Comparison Group: Gender

	Males	Females	Total (n=38)
Experimental Group	4 (22.2%)	14 (77.7%)	18
Comparison Group	5 (25.0%)	15 (75.0%)	20

Table 2

Demographic Data of Experimental and Comparison Group: Age and Race

	Experimental (% of Group)	Comparison Group (% of Group)
<b>Age</b>		
20	2 (11.1%)	-
21	9 (50%)	7 (35.0%)
22	3 (16.6%)	6 (30.0%)
23	-	2 (10.0%)
24	-	2 (10.0%)
25	-	1 (5.0%)
26	1 (5.5%)	1 (5.0%)
29	-	1 (5.0%)
36	1 (5.5%)	-

<b>Race</b>		
Caucasian	16 (88.8%)	15 (75.0%)
Hispanic	1 (5.5%)	2 (10.0%)
Asian	1 (5.5%)	1 (5.0%)
African American	-	2 (10.0%)

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The average age for experimental group members was 22.83, and the average age for comparison group members was 22.65. The greatest variance among the groups was that only 2 participants were African American, and both were in the comparison group. These demographics serve only to describe the experimental and comparison groups.

#### Facilitator

The investigator facilitated the Child-Teacher Relationship training. He had a master's degree in educational psychology from Baylor University. He had worked with children for 10 years in day care settings, and for four years in play therapy relationships. He had completed courses in Introduction to Play Therapy, Advanced Play Therapy, Filial Therapy, Supervision of Play Therapists, Doctoral Practicum in Play Therapy, and an Internship in Play Therapy. He was a licensed professional counselor intern in the state of Texas, and had completed all the requirements for his Ph.D. with the exception of a dissertation.

#### Collection of the Data

Pre-testing was scheduled the week before training began. Pre-testing occurred in the class setting during the normal meeting time. All volunteer research participants were given a pretest packet. The test packet contained a cover letter (see Appendix A), the

Adult-Adolescent Parenting Inventory, and the Play Therapy Attitude-Knowledge-Skills Survey. Each participant was assured of anonymity and was identified only by a self-assigned four-digit number. Directions to complete the assessments were given verbally, and participants were instructed to respond to all items. The participants were then videotaped with a child in a play therapy room that contained specially selected toys. They were shown the room and told to “spend time with the child in what ever way seems most helpful.” They were told that they would have 30 minutes together, and at the end of the thirty minutes they would be reminded of the end of the special playtime. Pre-test taping went as planned for all 38 participants. All assessments were conducted prior to the play times due to possible contamination of the participant’s assessment responses by the playtime. All play sessions were held in the University of North Texas Counseling and Human Development Center, which had appropriately equipped playrooms and video equipment.

Confidentiality of the information provided on questionnaires and videotapes was insured by using self-assigned code numbers, with only the researcher having the master list of the participants names. All confidential material was kept in a locked file. Names of both teacher trainees and children will not be disclosed in any publication or discussion of this material. All participants were made aware that confidentiality was to be maintained.

During the week following the 10-week Child-Teacher Relationship training sessions, the post-test battery of instruments was administered to research participants in both the treatment and comparison groups. The post-testing sessions followed the same

procedures outlined in the pre-testing sessions. The comparison group participants were given the opportunity to participate in Child-Teacher Relationship training at a time after they completed the post-testing requirements.

Experimental group participants were encouraged to keep a journal of their impressions and reactions throughout the duration of the study. The data collected through the journaling was not statistically analyzed but served as an ongoing record of the research.

#### Treatment

All students enrolled in EDCD 4510 were required by the course syllabus to spend at least 30 minutes a week with a child. Comparison group participants were instructed to "participate directly in a variety of settings with young children which allow for putting theory into practice." Experimental group participants utilized the required Child-Teacher Relationship training 30-minute playtime with an assigned child of focus from the University of North Texas Child Development Laboratory School (CDL) to meet this class requirement. All special play times were scheduled through the researcher and each session took place at the same time each week. All other participants in EDCD 4510 had their time requirement met in either the CDL, or in a comparable facility as outlined in the course syllabus, interacting with and observing children.

Each participant in the experimental group was assigned a child of focus for the ten-week training from available participants at the Child Development Laboratory. All child participants were recruited through the Child Development Laboratory School (CDL) on the University of North Texas campus. Children were recruited from the CDL

due to their age appropriateness for early childhood teacher trainees. Child volunteers were recruited through a letter to all parents of children enrolled in the CDL (Appendix A). All child participants were between the ages of three and five, and were non-referred for mental health counseling. Child participants were in the normal range of adjustment and development. Although no data was collected regarding the children, consent was acquired from parents. Parents of these children reviewed and signed the consent form for research participants. The researcher was available to all parents to discuss concerns and questions regarding the investigation. All child participants remained anonymous on all data.

The experimental group of 18 participants met for 1-½ hours a week for 10 weeks for Child-Teacher Relationship training. The treatment was adapted from a comprehensive 10-week filial-therapy training model designed by Landreth (1991)(See Appendix B). All volunteer participants in the treatment group received training for ten weeks in a separate section of the class. Due to the split class, the professor of record covered no new material while the treatment group participants were in Child-Teacher Relationship training. Only supplemental content was provided to the comparison group participants. Comparison group participants received no training in child-centered play therapy skills in their EDCD 4510 class. Comparison group members received training in the following topics for the ten-week training period: parent training (7 weeks that included use of the Systematic Training of Effective Parenting [STEP]), and alternatives to corporal punishment (3 weeks).

The instructional methods used in the Child-Teacher Relationship-training model utilized both didactic and experiential methods. Videos, overheads, and discussion were used to facilitate learning. After the first 3 primarily didactic sessions, the participants began conducting special play times with child participants from the Child Development Laboratory. The last 7 sessions of the Child-Teacher Relationship-training model focused on supervision and instruction in the application of play therapy skills. Research participants were split into 3 supervision groups. The Child-Teacher Relationship training consisted of 45 minutes of supervision and 45 minutes of didactic instruction. Group supervision leaders were advanced graduate students specializing in play therapy and had taken graduate level courses in Introduction to Play Therapy, Advanced Play Therapy, and Filial Therapy.

Play sessions were video taped for supervision sessions in which peer feedback, self-critique, and supervisor feedback facilitated development of skills. Participants who missed more than two consecutive training sessions or play sessions were dropped from the study if they did not take part in make up supervision or in make up play sessions. No participants were dropped from the experimental group.

#### Analysis of Data

The test instruments used in this investigation were coded with a four-digit code to maintain confidentiality of the participants. A master list with the participants names and code numbers was kept in a secured locked file for the duration of the study. The master list was destroyed following the completion of statistical analysis of relevant data. Following the collection of the data, the instruments were blind scored by the investigator

and blind checked by a qualified research assistant. The pre-test and post-test video tapes of both comparison and experimental groups were blind rated following the completion of the study to ensure no rating bias of pre- or post- videos. Three doctoral students with advanced training in play therapy rated the videotapes over a two-week period utilizing the instrument and procedures outlined by Stover et al (1971). Raters rated both experimental and comparison groups. *Tapes were assigned so that no rater rated both pre and post for the same participant.* Inter-rater reliability was established for the three raters during an initial training session. Inter-rater reliability was also checked at the mid point of the scoring and again at the end of the scoring. A coefficient of reliability, chronbach's alpha, was used to calculate inter-rater reliability (see table 3).

Table 3

Inter-rater reliability for Measurement of Empathy in Adult-Child Interaction (MEACI)

	Session 1 Pre-coding	Session 2 Midpoint	Session 3 Post
Reliability Coefficient	.9099	.9325	.9701

Each item on the instruments was scored according to recommended instrument procedures. Following the collection of all data the investigator input all data into a computer to facilitate statistical analysis. The investigator analyzed the data utilizing appropriate computer software. The investigator sought outside consultation through the



UNT Educational Research Laboratory to ensure the validity and appropriateness of all statistical analyses.

The hypotheses were converted to null form for statistical analyses. An analysis of covariance (ANCOVA) was computed to test for the significance of the difference between the experimental and comparison groups on the adjusted posttest means for each hypothesis. For each hypothesis, the posttest specified was used as the dependent variable and the pretest as the covariant. ANCOVA was utilized to adjust the posttest group means on the basis of the pretest. This statistically equalized the experimental and comparison groups. Significance of the difference between the means was tested at the .05 level. The converted null hypotheses will be rejected or retained on the basis of the ANCOVA. If the assumptions of ANCOVA were not met (homogeneity of regression) an alternative independent t-test was performed.

## CHAPTER III

### RESULTS AND DISCUSSION

This chapter presents the results of the analysis of data for each hypothesis tested in this study. Also included is a discussion of the results, implications, and recommendations for future research.

#### Results

The results of this study are presented in the order the hypotheses were tested. Analyses of covariance were performed on all hypotheses and a level of significance of .05 was established as a criterion for either retaining or rejecting the hypotheses. Homogeneity of regression slopes were tested and found not to be significant, unless otherwise specified.

#### Hypothesis 1

The experimental group of teacher trainees will attain a significantly lower mean total Empathy score on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of teacher trainees.

Table 4 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 5 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 6 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean score.

Table 4

Mean scores of the experimental and comparison group for the total Empathy Measurement in Adult-Child Interaction (MEACI)

	<u>Experimental Group n =</u> <u>18</u>		<u>Comparison Group n =</u> <u>20</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	52.1389	27.1944	51.6125	48.8625
<u>SD</u>	4.4036	5.5164	5.9717	6.7089
Total cases = 38				

Note. A decrease in the mean score indicates an increase in empathy.

Table 5

Mean of gain scores of the experimental and comparison group for the total Empathy Measurement in Adult-Child Interaction (MEACI)

	Experimental (n = 18)	Comparison (n = 20)	Total (n=38)
Gain Mean	-24.9444	-3.7500	-13.7895
<u>SD</u>	6.7631	5.9338	12.4142

Table 6

Analysis of covariance of the experimental and comparison groups for the mean scores on the total Empathy Measurement in Adult-Child Interaction (MEACI)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power*
Group	4349.147	1	4349.147	131.636	.000	.790	1.000

Total cases = 38

\* Computed using alpha = .05

Table 6 shows the F ratio for the main effects was .000, indicating that there was a statistically significant difference between the experimental group and the comparison group's measure of empathy on the Measurement in Adult-Child Interaction (MEACI). On the basis of this data, hypothesis 1 was retained.

#### Hypothesis 1a

The experimental group of teacher trainees will attain a significantly lower mean score on the Communication of Acceptance subscale of Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of teacher trainees.

The data revealed homogeneity of regression was statistically significant at the .015 level. A test for homogeneity of variance was not statistically significant, and the data was determined to be appropriate for an independent t-test. Subsequently a residual gain analysis was created and an independent t-test was performed on this data. Table 7 presents the pre and posttest means and standard deviations for the experimental and

comparison groups. Table 8 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 9 presents the analysis of data, showing the level of significance of the difference between the experimental and comparison groups' standardized residual mean gain scores.

Table 7

Mean scores of the experimental and comparison groups Communication of Acceptance subscale of Measurement of Empathy in Adult-Child Interaction (MEACI)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 20</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	6.8333	-.05000	2.9737	6.8333
<u>SD</u>	1.8689	0.9248	3.9766	1.8689
Total cases = 38				

Note. An decrease in the mean score indicates a increase in Communication of Acceptance.

Table 8

Mean of gain scores of the experimental and comparison group for the Communication of Acceptance subscale of Measurement of Empathy in Adult-Child Interaction (MEACI)

	Experimental (n = 18)	Comparison (n = 20)	Total (n=38)
Gain Mean	-6.6389	.05000	-2.8816
<u>SD</u>	1.8396	0.9248	-3.8785

Table 9

Analysis of t-test for the equality of mean scores for the Communication of Acceptance subscale of Measurement of Empathy in Adult-Child Interaction (MEACI)

Source of Variation	t	df	Sign. of t	Mean Difference	Std. Error of Diff.
Group	-18.526	36	.000	-1.8545	.1001
Total cases = 37					

Table 9 shows the T-scores for the main effects was .000, indicating that there was a statistically significant difference between the experimental group and the comparison group's measure of communication of acceptance on the Measurement in Adult-Child Interaction (MEACI). On the basis of this data, hypothesis 1 was retained.

#### Hypothesis 1b

The experimental group of teacher trainees will attain a significantly lower mean score on the Allowing the Child Self-Direction subscale of the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of teacher trainees.

Table 10 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 11 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 12 presents the analysis of covariance data, showing the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 10

Mean scores of the experimental and comparison group for the Allowing Child Self Direction subscale on the Measurement in Adult-Child Interaction (MEACI)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 20</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	19.7500	8.5000	19.3500	16.4750
<u>SD</u>	3.1495	3.1201	2.9204	4.3118
Total cases = 38				

Note. A decrease in the mean score indicates an increase in allowing child self-direction.

Table 11

Mean of gain scores of the experimental and comparison group for the Allowing Child Self Direction subscale on the Measurement in Adult-Child Interaction (MEACI)

	Experimental (n = 18)	Comparison (n = 20)	Total (n=38)
Gain Mean	-11.2500	-2.8750	-6.8421
<u>SD</u>	3.9192	3.8487	5.7117

Table 12

Analysis of covariance of the experimental and comparison groups for the mean scores for the Allowing Child Self Direction subscale on the Measurement in Adult-Child Interaction (MEACI)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power *
Group	628.023	1	628.023	49.113	.000	.584	1.000

Total cases = 38

\* Computed using alpha = .05

Table 12 shows the  $F$  ratio for the main effects was .000, indicating that there was a statistically significant difference between the experimental group and the comparison group's measure on the allowing child self direction subscale on the Measurement in Adult-Child Interaction (MEACI). On the basis of this data, hypothesis 1b was retained.

#### Hypothesis 1c

The experimental group of teacher trainees will attain a significantly lower mean score on the Involvement subscale of the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will the comparison group of teacher trainees.

Table 13 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 14 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 15 presents the analysis of covariance data, showing the level of significance of the difference between the experimental and comparison groups' posttest mean scores.



Table 13

Mean scores of the experimental and comparison group for the Involvement subscale on the Measurement in Adult-Child Interaction (MEACI)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 20</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	14.9167	7.8611	15.7750	14.4000
<u>SD</u>	2.3089	2.0494	3.0800	2.8126
Total cases = 38				

Note. A decrease in the mean score indicates a decrease in Involvement.

Table 14

Mean of gain scores of the experimental and comparison group for the Involvement subscale on the Measurement in Adult-Child Interaction (MEACI)

	Experimental (n = 18)	Comparison (n = 20)	Total (n=38)
Gain Mean	-7.0556	-1.3750	-4.0656
<u>SD</u>	3.4166	3.3122	4.3885

Table 15

Analysis of covariance of the experimental and comparison groups for the mean scores for the Involvement subscale on the Measurement in Adult-Child Interaction (MEACI)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power *
Group	378.664	1	378.664	61.664	.000	.638	1.000

Total cases = 38

\* Computed using alpha = .05

Table 15 shows the  $F$  ratio for the main effects was .000, indicating that there was a statistically significant difference between the experimental group and the comparison group's measure on the Involvement subscale of the on the Measurement in Adult-Child Interaction (MEACI). On the basis of this data, hypothesis 1c was retained.

### Hypothesis 2

The experimental group of teacher trainees will attain a significantly higher mean score on the Inappropriate Expectations of Children subscale of the Adult-Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of teacher trainees.

Table 16 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 17 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 18 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 16

Mean scores of the experimental and comparison group for Inappropriate Expectations of Children subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 20</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	6.0556	7.3333	6.0500	6.6000
<u>SD</u>	1.2590	1.2834	1.3169	1.4654

Total cases = 38

Note. An increase in the mean score indicates a decrease in Inappropriate Expectations of Children

Table 17

Mean of gain scores of the experimental and comparison group for the Inappropriate Expectations of Children subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	Experimental (n = 18)	Comparison (n = 20)	Total (n=38)
Gain Mean	1.2778	0.5500	0.8947
<u>SD</u>	1.0741	1.5035	1.3515

Table 18

Analysis of covariance of the experimental and comparison groups for the mean scores for Inappropriate Expectations of Children subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power *
Group	5.052	1	5.052	3.498	.070	.091	.444

Total cases = 38

\* Computed using alpha = .05

Table 18 shows the  $F$  ratio for the main effects was .070, indicating that there was not a statistically significant difference between the experimental group and the comparison group's measure on the Inappropriate Expectations of Children subscale on the Adult-Adolescent Parenting Inventory (AAPI-2). On the basis of this data, hypothesis 2 was rejected.

### Hypothesis 3

The experimental group of teacher trainees will attain a significantly higher mean score on the Lack of Empathic Awareness of Children's Needs subscale of the Adult-Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of teacher trainees.

Table 19 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 20 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table

21 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 19

Mean scores of the experimental and comparison group for Lack of Empathic Awareness of Children's Needs subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 20</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	6.1667	6.2778	5.9500	5.6000
<u>SD</u>	1.7905	2.1090	2.1145	2.2100

Total cases = 38

Note. An increase in the mean score indicates a decrease in Lack of Empathic Awareness of Children's Needs

Table 20

Mean of gain scores of the experimental and comparison group for the Lack of Empathic Awareness of Children's Needs subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	Experimental (n = 18)	Comparison (n = 20)	Total (n=38)
Gain Mean	0.1111	-0.3500	-0.1316
<u>SD</u>	1.5676	1.6944	1.6303

Table 21

Analysis of covariance of the experimental and comparison groups for the mean scores for Lack of Empathic Awareness of Children's Needs subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power *
Group	2.490	1	2.490	.988	.327	.027	.162

Total cases = 38

\* Computed using alpha = .05

Table 21 shows the  $F$  ratio for the main effects was .327, indicating that there was not a statistically significant difference between the experimental group and the comparison group's measure on the Lack of Empathic Awareness of Children's Needs subscale on the Adult-Adolescent Parenting Inventory (AAPI-2). On the basis of this data, hypothesis 3 was rejected.

#### Hypothesis 4

The experimental group of teacher trainees will attain a significantly higher mean score on the Strong Belief in the Use and Value of Corporal Punishment subscale of the Adult-Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of teacher trainees.

Table 22 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 23 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table

24 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 22

Mean scores of the experimental and comparison group Strong Belief in the Use and Value of Corporal Punishment subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 20</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	5.6667	6.1667	5.1000	6.8000
<u>SD</u>	1.4142	1.4246	1.8890	1.5424

Total cases = 38

Note. An increase in the mean score indicates a decrease in Strong Belief in the Use and Value of Corporal Punishment

Table 23

Mean of gain scores of the experimental and comparison group for the Strong Belief in the Use and Value of Corporal Punishment subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	Experimental (n = 18)	Comparison (n = 20)	Total (n=38)
Gain Mean	0.5000	1.7000	1.1316
<u>SD</u>	1.4246	1.6890	1.6631

Table 24

Analysis of covariance of the experimental and comparison groups on the mean scores for Strong Belief in the Use and Value of Corporal Punishment subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power *
Group	7.313	1	7.313	4.371	.044	.111	.529

Total cases = 38

\* Computed using alpha = .05

Table 24 shows the F ratio for the main effects was .044, indicating that there was a statistically significant difference between the experimental group and the comparison group's measure on the Strong Belief in the Use and Value of Corporal Punishment subscale on the Adult-Adolescent Parenting Inventory (AAPI-2). On the basis of this data, hypothesis 4 was rejected because the significant difference was not in the experimental group, but rather in the comparison group.

#### Hypothesis 5

The experimental group of teacher trainees will attain a significantly higher mean score on the Reversing Adult-Child Roles subscale of the Adult-Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of teacher trainees.

Table 25 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 26 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 27 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.



Table 25

Mean scores of the experimental and comparison group Reversing Adult-Child Roles subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 20</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	5.4444	6.6667	4.9500	5.6500
<u>SD</u>	1.1991	1.8471	1.6694	1.7852
Total cases = 38				

Note. An increase in the mean score indicates a decrease in Reversing Adult-Child Roles

Table 26

Mean of gain scores of the experimental and comparison group for the Reversing Adult-Child Roles subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	Experimental (n = 18)	Comparison (n = 20)	Total (n=38)
Gain Mean	1.2222	0.7000	0.9474
<u>SD</u>	1.3528	1.0311	1.2069

Table 27

Analysis of covariance of the experimental and comparison groups for the mean scores for Reversing Adult-Child Roles subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power *
Group	2.830	1	2.830	1.943	.172	.053	.273

Total cases = 38

\* Computed using alpha = .05

Table 27 shows the  $F$  ratio for the main effects was .172, indicating that there was not a statistically significant difference between the experimental group and the comparison group's measure on the Reversing Adult-Child Roles subscale on the Adult-Adolescent Parenting Inventory (AAPI-2). On the basis of this data, hypothesis 5 was rejected.

#### Hypothesis 6

The experimental group of teacher trainees will attain a significantly higher mean score on the Oppressing Children's Power and Independence subscale of the Adult-Adolescent Parenting Inventory (AAPI-2) posttest than will the comparison group of teacher trainees.

Table 28 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 29 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 30 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 28

Mean scores of the experimental and comparison Oppressing Children's Power and Independence subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 20</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	6.5556	6.1111	6.5500	6.4500
<u>SD</u>	1.6169	1.5297	1.9595	2.6253
Total cases = 38				

Note. An increase in the mean score indicates a decrease in Oppressing Children's Power and Independence

Table 29

Mean of gain scores of the experimental and comparison group for the Oppressing Children's Power and Independence subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

	Experimental (n = 18)	Comparison (n = 20)	Total (n=38)
Gain Mean	-0.4444	-0.1000	-0.2632
<u>SD</u>	1.9166	2.3147	2.1141

Table 30

Analysis of covariance of the experimental and comparison groups for the mean scores Oppressing Children's Power and Independence subscale on the Adult-Adolescent Parenting Inventory (AAPI-2)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power *
Group	1.107	1	1.107	.281	.600	.008	.081
Total cases = 38							

\* Computed using alpha = .05

Table 30 shows the F ratio for the main effects was .600, indicating that there was not a statistically significant difference between the experimental group and the comparison group's measure on the Oppressing Children's Power and Independence subscale on the Adult-Adolescent Parenting Inventory (AAPI-2). On the basis of this data, hypothesis 6 was rejected.

#### Hypothesis 7

The experimental group of teacher trainees will attain a significantly higher mean total score on the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS) posttest than will the comparison group of teacher trainees.

The data revealed homogeneity of regression was statistically significant at .034 level. A test for homogeneity of variance was not statistically significant, and the data was determined to be appropriate for an independent t-test. Subsequently, a residual gain analysis was created and an independent T-test was performed on this data. Table 31 presents the pre and posttest means and standard deviations for the experimental and

comparison groups. Table 32 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 33 presents the analysis of data, showing the level of significance of the difference between the experimental and comparison groups' standardized residual mean gain scores.

Table 31

Mean scores of the experimental and comparison groups total score of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 19</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	9.1528	11.6250	9.4763	9.6521
<u>SD</u>	1.1919	0.9884	1.1049	1.0767
Total cases = 37				

Note. An increase in the mean score indicates a increase in Play Therapy Attitude

Table 32

Mean of total gain scores of the experimental and comparison group for the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

	Experimental (n = 18)	Comparison (n = 19)	Total (n=37)
Gain Mean	2.4722	0.1758	1.2930
<u>SD</u>	1.4153	0.7952	1.6174

Table 33

Analysis of t-test for the equality of mean scores for the Play Therapy Skill subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

Source of Variation	t	df	Sign. of t	Mean Difference	Std. Error of Diff.
Group	6.731	35	.000	2.0635	.3066
Total cases = 37					

Table 33 shows the T-score for the main effects was .000, indicating that there was a statistically significant difference between the experimental group and the comparison group's measure on the total score of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS). On the basis of this data, hypothesis 7 was retained.

#### Hypothesis 7a

The experimental group of teacher trainees will attain a significantly higher mean score on the Play Therapy Attitude subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS) posttest than will the comparison group of teacher trainees.

Table 34 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 35 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 36 presents the analysis of covariance data and shows the level of significance of the difference between the experimental and comparison groups' posttest mean scores.

Table 34

Mean scores of the experimental and comparison groups Play Therapy Attitude subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 19</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	3.6400	3.6978	3.5326	3.5379
<u>SD</u>	0.2154	0.2887	0.2862	0.2419

Total cases = 37

Note. An increase in the mean score indicates an increase in Play Therapy Attitude

Table 35

Mean of gain scores of the experimental and comparison group for the Play Therapy Attitude subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

	Experimental (n = 18)	Comparison (n = 19)	Total (n=37)
Gain Mean	0.0578	0.0053	0.0308
<u>SD</u>	0.2772	0.2497	0.2611

Table 36

Analysis of covariance of the experimental and comparison groups for the mean scores Play Therapy Attitude subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

Source of Variation	Sum of Squares	df	Mean Square	F Ratio	Sign. of F	Effect Size	Power *
Group	9.771E-02	1	9.771E-02	1.764	.193	.049	.252
Total cases = 37							
* Computed using alpha = .05							

Table 36 shows the F ratio for the main effects was .193, indicating that there was not a statistically significant difference between the experimental group and the comparison group's measure on the Play Therapy Attitude subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS). On the basis of this data, hypothesis 7a was rejected.

#### Hypothesis 7b

The experimental group of teacher trainees will attain a significantly higher mean score on the Play Therapy Knowledge subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS) posttest than will the comparison group of teacher trainees.

The data revealed homogeneity of regression was statistically significant at .006. A test for homogeneity of variance was not statistically significant, and the data was determined to be appropriate for an independent t-test. Subsequently, a residual gain analysis was created and an independent T-test was performed on this data. Table 37 presents the pre and posttest means and standard deviations for the experimental and



comparison groups. Table 38 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 39 presents the analysis of data, showing the level of significance of the difference between the experimental and comparison groups' standardized residual mean gain scores.

Table 37

Mean scores of the experimental and comparison groups Play Therapy Knowledge subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 19</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	2.9422	3.9678	3.0068	3.1947
<u>SD</u>	0.4791	0.4022	0.3664	0.4173
Total cases = 37				

Note. An increase in the mean score indicates a increase of Play Therapy Knowledge.

Table 38

Mean of gain scores of the experimental and comparison group for the Play Therapy Knowledge subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

	Experimental (n = 18)	Comparison (n = 19)	Total (n=37)
Gain Mean	1.0256	0.1879	0.5954
<u>SD</u>	0.6665	0.3205	0.6643

Table 39

Analysis of t-test for the equality of mean scores for the Play Therapy Knowledge subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

Source of Variation	t	df	Sign. of t	Mean Difference	Std. Error of Diff.
Group	5.944	35	.000	1.3791	.2320

cases = 37

Table 39 shows the T-score for the main effects was .000, indicating that there was a statistically significant difference between the experimental group and the comparison group's measure of Play Therapy Knowledge subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS). On the basis of this data, hypothesis 7b was retained.

#### Hypothesis 7c

The experimental group of teacher trainees will attain a significantly higher mean score on the Play Therapy Skill subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS) posttest than will the comparison group of teacher trainees.

The data revealed that homogeneity of regression was statistically significant at .036. A test for homogeneity of variance was not statistically significant, and the data was determined to be appropriate for an independent t-test. Subsequently a residual gain analysis was created and an independent t-test was performed on this data. Table 40 presents the pre and posttest means and standard deviations for the experimental and comparison groups. Table 41 presents the analysis of variance mean gain scores, showing the difference between experimental and comparison groups. Table 42 presents

the analysis of data, showing the level of significance of the difference between the experimental and comparison groups' standardized residual mean gain scores.

Table 40

Mean scores of the experimental and comparison groups Play Therapy Skill subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

	<u>Experimental Group n = 18</u>		<u>Comparison Group n = 19</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	2.5706	3.9594	2.9368	2.9195
<u>SD</u>	0.7388	0.4477	0.7718	0.7343
Total cases = 37				

Note. An increase in the mean score indicates a increase of Play Therapy Skill

Table 41

Mean of gain scores of the experimental and comparison group for the Play Therapy Skill subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

	Experimental (n = 18)	Comparison (n = 19)	Total (n=37)
Gain Mean	1.3889	-0.0174	0.6668
<u>SD</u>	0.7155	0.5661	0.9538

Table 42

Analysis of t-test for the equality of mean scores for the Play Therapy Skill subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS)

Source of Variation	t	df	Sign. of t	Mean Difference	Std. Error of Diff.
Group	6.654	35	.000	1.4542	.2185
Total cases = 37					

Table 42 shows the T-scores for the main effects was .000, indicating that there was a statistically significant difference between the experimental group and the comparison group's measure of Play Therapy Skill subscale of the Play Therapy Attitude-Knowledge-Skills Survey (PTAKSS). On the basis of this data hypothesis 7c was retained.

## Discussion

The results of this study provide information regarding the teacher trainee's empathy in adult-child interactions, parenting attitudes, and their attitude, knowledge, and skills in play therapy. Of thirteen separate parts listed as hypotheses, seven were retained. Interpretations of the findings are provided in the following section.

### Empathy in Adult-Child Interactions

As revealed in Tables 4 through 15 the experimental group of teacher trainees demonstrated statistically significant increases in empathic behavior during observed play sessions with children as measured by the three subscales of the Measurement in Empathy in Adult-Child Interaction. The experimental group of teacher trainees post-test

mean total score ( $p < .000$ ) decreased a remarkable 25 points, while the comparison group decreased by only 4 points. Note: on this scale, a decrease in the mean score indicates an increase in the desired behavior. The experimental group experienced a decrease in communication of acceptance, allowing the child self-direction, and in involvement with the child during a play session as well. These results are noteworthy because they are based on direct observation of specific skills by a trained professional rather than self-report measures.

While the teacher trainees in the experimental group demonstrated improved skill in communicating acceptance of children, the comparison group actually decreased in this area. These findings confirm that Child-Teacher Relationship training is effective in not only developing communication of empathy, but also acceptance of children by undergraduate teacher trainees. Clinical observations also support these findings. Reflecting understanding of children's feelings was a regular topic of supervision and an area of great growth by experimental group teacher trainees as demonstrated by a 191.7% improvement over the pretest. It is worth noting that the observed power in these hypotheses were at a 1.00 for all four measures of the MEACI, indicating an extremely low probability of rejecting a null when it is true.

These scores verify that the child-centered play therapy training helped teacher trainees in the experimental group improve their ability to communicate acceptance toward children. Communicating acceptance towards children is a crucial skill to developing a meaningful relationship with children as well as creating a safe learning environment. Experimental group participants reflected on the role of acceptance

acceptance allows the child to open up and act freely to do whatever he or she pleases and allows them to express themselves in whatever way they feel suitable, the four key messages a play therapist wants to convey (I'm here, I hear you, I care, & I understand) have to be preceded with acceptance, sometimes encourages the child to try going beyond the limit that the child had previously felt they had, in play therapy, as well as in any child care situation, we must accept the child unconditionally...if we show that they are acceptable in our sight, they will feel positively about themselves

One experimental teacher trainee reflected on the training, "It was very difficult to identify and reflect feelings in the beginning, but as I got better at it I realized how meaningful it was for the child to be accepted and understood; just like the four message in play therapy: I'm here, I hear you, I care, I understand."

Allowing the child self-direction was also an area of statistically significant results that confirm the effectiveness of Child-Teacher Relationship training with teacher trainees. Clinical supervision of experimental group participants suggested that despite distracting thoughts, the teacher trainees made a regular active attempt to postpone personal considerations to focus attention on the child during the playtime. These scales indicate that they were able to effectively learn and apply these skills.

The significant findings indicated by the robust scores suggest that Child-Teacher Relationship training is effective in training teacher trainees counseling skills. The results discussed here support previous studies in filial therapy that used direct observational data to measure empathic behaviors in adult-child interactions in play

sessions (Bratton and Landreth, 1995; Chau, 1996; Costas, 1998; Glover, 1996; B. Guerney & Stover, 1971; Harris and Landreth, 1997, Stover et al., 1971)

### Parenting Attitudes

As can be seen in tables 16-30, none of the hypotheses were retained in this area. These scores indicate important discrepancies between parenting attitudes as measured by the AAPI and demonstrated teacher trainee skills in the playroom. The results of this self-report measure are discussed below.

The participants in the experimental group reported slight increases in their AAP

I subscales measuring perceived appropriate expectations of children, empathy towards children, and appropriate roles with children. These findings indicate that while Child-Teacher Relationship training included instruction in relationship skills, it also had a slightly higher or similar impact in parenting views of experimental group participants. The content material covered by the comparison group explains to some extent the lack of significant findings for the experimental group in these subscales. Contrary to agreed procedures, during the ten weeks of Child-Teacher Relationship training the comparison group was presented in their class with supplemental material in parent training models including Systematic Training of Effective Parenting (STEP), and instruction in alternatives to corporal punishment. Despite direct instruction in AAP

I subscales, the comparison group's scores on these subscales did not indicate statistical gains over the experimental group with the exception of corporal punishment.

The comparison group achieved significantly increased scores in the area of corporal punishment when compared to the experimental group. This can be attributed to

the fact that the comparison group spent three entire class sessions (30% of their training) on this specific topic.

It is important to note that the experimental and comparison groups scored in the high average to above average range on pre-test measures on the AAPI. These scores confirm previous knowledge and awareness of parenting attitudes. Their pretest scores were sufficiently high to make any measurable growth difficult to detect.

#### Play Therapy Attitude, Knowledge, and Skills

As indicated by tables 31-42, the scores of the experimental group showed statistically significant increases on their post-test mean scores over the comparison group on the Play Therapy Attitude, Knowledge, and Skills Survey (PTAKSS). Although there was not a significant increase in experimental group attitudes, 3 of 4 hypotheses were retained in this area.

The experimental group demonstrated statistically significant increases in their total mean score, knowledge, and skills in Play Therapy. The teacher trainees reported growth in attitudes, knowledge, and skills in play therapy, and some participants expressed a desire to attend graduate school to become a play therapist. This finding is demonstrated in an example of feedback from experimental group participants who stated, "This was a wonderful experience. I have learned more in the last ten weeks than I usually do in a year. The class was very in tune with the material...Thank you very much for this wonderful experience." Experimental group members reflected,

(Child-Teacher Relationship training) has taught me a world of knowledge. I know a thousand times more now about play therapy than I did before; I have



learned a whole new concept of how to relate to children. I feel that I can encourage children in a more effective way by the means of letting them take control of their own self; this training helped me learn how to deal with the children and even with adults, and helped the child become more expressive...I learned to accept myself and others... (and to) express my understanding to others; the greatest gift of this class has been that I can use this information every day. I frequently use the limit setting techniques, and reflective listening...it seems that children and people in general react in a positive way when they felt understood.

While the experimental group did not attain a significantly higher score on the play therapy attitudes subscale, a reported .0578 gain was demonstrated while the comparison group only showed a .0053 gain. This lack of significance can be partially explained by high-level pretest scores of play therapy attitudes as measured by the PTAKSS pretest. Due to the pervasive awareness and popularity of play therapy in the region of this study, this finding is not surprising and reflects a skewed group on which to measure an increase in play therapy attitude. This finding might also suggest that attitude is a more difficult area to develop in teacher trainees. The limited time frame of the training undermined the development of play therapy attitudes in the experimental group. These limited changes are inconsistent with feedback given in confidence on course evaluations by the treatment group. Experimental group participants reported positive views of the training,

I think that this training has been very beneficial...I have learned so much and am so blessed that I was able to participate in this study; the play sessions...provided a lot of insight into children's idea of play an imagination; (it was helpful) learning more effective ways to set limits in my classroom; I feel very thankful to have been able to participate in this group and to receive this training because it has made me both more conformable and more appropriate in interacting with children.

Significantly increased scores in play therapy knowledge suggest a high correlation with observed play therapy behaviors of empathy, acceptance, allowing the child self-direction, and involvement as measured by the MEACI. Participants reported significant changes,

The most helpful part of training to me was that I have less anxiety when I am around children; although I felt really awkward and nervous at first, it is thrilling to see the amount of progress I've made since the beginning; I am more aware of myself with children and how I interact with them. This class has changed me permanently

Furthermore, the level of significance in play therapy knowledge measured by the PTAKSS is consistent with both the subscales as measured by the MEACI. Results from this measure are consistent with self-reports from participants and clinical observations on the part of supervisors during this study.

Teacher trainees in the experimental group achieved an increase in their play therapy skills as measured at the .000 level. The results on this measure also suggest a

high correlation with observed play therapy behaviors of empathy, acceptance, allowing the child self-direction, and involvement as measured by the MEACI. These findings confirm the success of using this model to train teacher trainee's basic counseling skills with children. These results were consistent with the clinical ability demonstrated by experimental group participants during class training role-plays, supervision videotapes, and classroom discussion of play therapy concepts and techniques. Experimental group participants confirmed demonstration of appropriate responses through response sheets and supplemental journals.

#### Limitations

Although seven of thirteen hypotheses were retained, the following limitations are offered as possible confounding issues in this present study.

##### Small Sample Size

Due to the small sample size of this research study (experimental group n=18; comparison group n=20) low power resulted in some hypotheses. For example, on the AAPI the power ranged from .081 to .529 and thus there was an unacceptable level of power to confirm significance if it were present. A larger sample size would increase power to an appropriate level of .800, or 80% of finding significance if it were present. An increased sample size would serve to boost the power in retained hypotheses as well, and validate robust findings.

##### Lack of Random Assignment

The results of the study may be limited due to the specific population of teacher trainees and cluster sampling of available groups. Naturally occurring cluster samples

were used in this quasi-experimental study. The use of a true experimental design would have served to increase both the observed power and the effect size. Random assignment would have served to create a equivalence sample and decrease threats to internal and external validity. Future research in this area would benefit from random assignment to clarify any underlying issues related to motivation of volunteer participants and the possible Hawthorne effect resulting from such a group.

### Implications

Positive results suggest further research and implementation of this model in teacher training programs in university and professional development schools. This training resulted in statistically significant increased levels of empathy, acceptance, allowing the child self-direction, appropriate involvement with the child, and play therapy skills and knowledge. These skills develop sensitivity in teachers and affect children in classrooms.

A corollary of these skills can be decreased teacher anxiety. Through appropriate relationship skills and limit setting as trained in child-centered play therapy, teacher trainees are equipped with the skills necessary to empower children to work out their own problems and rely on the teacher less for conflict resolution. Utilizing relationship skills to initiate a meaningful contact with a difficult to reach child can also decrease teacher stress. Children from different cultural backgrounds, different races, and with diminished intellectual functioning can present difficult and stressful relationship issues for teachers. However, through the use of child-centered play therapy skills, the teacher is able to make

significant contact with a child, thereby facilitating a helpful environment for the student and decreasing teacher stress.

Classroom management can also be positively impacted through child-centered play therapy training. The skills developed in Child-Teacher Relationship can be generalized to a small group of children for a group play session and to an entire classroom for appropriate classroom management techniques. For example, limit setting provides a teacher with the ability to set necessary limits while returning responsibility for choosing to the child. Another example can be seen as a teacher utilizes reflection of feelings with children in the classroom. Through reflecting feelings, a teacher is able to develop student's feeling vocabulary and thereby personal insight into feelings for all children in the classroom as incidental learning occurs.

This model also allows a school counselor the opportunity to impact a significant number of children on campus. With a minimal commitment of just four hours a week (1 hour to train the teachers, 2 hours to supervise sessions, and 1 hour for coordination and preparation time) 18 children (as demonstrated in this study) can receive therapeutic services (all trained teachers must remain under the supervision of a trained play therapist). Teachers trained in basic child-centered play therapy skills will also be more attuned to the emotional well being of each child and be able to make appropriate referrals as needed. Clearly, implementation of this project is well worth the school counselor's time.

### Recommendations

Based on the results of this study, the following recommendations are offered:

1. Conduct a replication of this study using a larger sample size, and extend the number of training sessions from 10 to an entire academic semester of 16 weeks. This frequency would address the limited relationship time and could facilitate a deeper understanding of the concepts of play therapy and integration into the classroom setting.
2. Adapt the CTR training model by (a) incorporating more classroom management techniques and play therapy skills; (b) provide intensive training for first three weeks consisting of two to three meetings a week for a total of three hours a week. This extended initial training period would serve to generate a stronger base knowledge as the teacher trainees begin the play times.
3. Provide CTR training the semester prior to student teaching in order to facilitate immediate application of play therapy techniques to relationships with children in the classroom setting. This would serve to further incorporate the skills into the teacher trainee's relationship skills.
4. Provide on-going supervision during the student teaching experience. This could be accomplished through once a month site visits or a once a month group meeting. Because incidental learning occurs in a group setting, group meetings would be preferable.
5. Secure appropriate assessment instrumentation. Either develop or modify an anxiety scale for teacher trainees to assess anxiety level as related to relationships with children, solving children's problems, and classroom management.
6. Data collection on the children participating in the special play times is recommended in future research. This data would serve to clarify the psychological functioning of the children in the study. For example, a child with behavior problems might present a more

difficult relationship in the play room which would possibly impact the teacher trainee's level of empathy, acceptance, and allowing the child self direction on the observed subscale of the MEACI.

7. Teacher training programs would benefit from implementation of this Child Teacher Relationship training model into undergraduate curriculum. Further research is suggested with a larger sample size and random assignment.

### Concluding Remarks

Based on a survey of the literature, this is the first study in the country to train undergraduate teacher trainees in child-centered play therapy procedures and skills. The statistically significant increases in empathy with children, acceptance of children, involvement with children, allowing the child self-direction, and play therapy knowledge and skills compel the continued implementation of this Child-Teacher Relationship training with teacher trainees. The information presented in the recommendations will add to future success of this model.

Appendix A  
Subject Recruiting Letters &  
Informed Consent



## FILIAL TRAINING INFORMATION

You are invited to participate in a study to determine the effectiveness of Child Sensitivity Training through Filial Therapy training with undergraduate trainees. You will be asked to complete three questionnaires before and after the training. You will be asked to work with a child at the University of North Texas Child Development Laboratory for 30 minutes a week for 9 weeks. Your special play times with this child will be video taped before and after the training, and once during.

Filial therapy training is a skills training program that focuses on enhancing the adult-child relationship. The training will consist of ten weekly sessions, lasting one hour and twenty minutes per week. During the sessions, Christopher Brown will be teaching you and other trainees some techniques that will enhance the children you work with self esteem as well as strengthen your relationship with children. You will be asked to share some insights, feelings, questions, and comments with the other participants in the group, during the sessions. You will also be asked to participate in seven weekly 30 minute play sessions at the Child and Human Development Laboratory utilizing the techniques being taught in the training sessions.

There is no personal risk or discomfort directly involved with this study. You will be asked to give some of your time, and to be willing to explore some new ideas and feelings related to relationships with children. There may be times during the play sessions when your child of focus could express sadness, anger, or frustration. While these sessions cannot avoid these situations, neither will they increase the emotion. In fact, the training should help you deal with these situations more effectively. Your participation and the child's participation are completely voluntary. You may withdraw at any time without penalty or prejudice. No participant will be prejudged on the basis of gender, race, or sexual orientation.

The information you provide when you answer the questionnaire will be kept confidential. Your name will not be disclosed in any publication or discussion of this material. Information obtained from the questionnaires will be recorded with a code number only. Only the investigator, Christopher Brown, will have a list of participants' names. At the conclusion of this study the list of participants names will be destroyed. The videotaped sessions of you and the child you work with will only be viewed by research assistants. The research assistants will have no knowledge of participants' names and they will be made aware that the confidentiality of the participants is to be maintained. The video tapes will be destroyed upon completion of this study unless agreed to otherwise by yourself and the investigator, Christopher Brown. You will be under no obligation to consent for further use of the videotapes.

If you agree to participate please fill out and sign this consent form. For further information, please contact Christopher Brown at (940) 565-3864. This project has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940/565-3940).

Sincerely,

Christopher J. Brown, MS, TLPC  
Assistant Director,  
The Center for Play Therapy  
Doctoral Student in the Department of Counselor Education

**CHILD SENSITIVITY TRAINING CLASS**  
**Informed Consent**

You are making a decision whether or not to participate in this study. You should sign only when you understand all the information presented on the front of this form and all of your questions have been answered to your satisfaction. Your signature indicates that you meet all of the requirements for participation as explained by Christopher Brown and have decided to participate, having read the information on the front of this form.

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Signature of Participant	Age	Date
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Signature of Witness	Date
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Signature of Investigator	Date
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September 8, 1999

Dear Parents,

My name is Christopher J. Brown and I am a doctoral student in the department of counselor education, which is in the same department as the Child Development Laboratory. Through out my play therapy training I have had the privilege to meet several of you and to meet your children. I would like to ask for your support in my dissertation study.

I will be conducting a study in the Child Development Laboratory in which I will examine the use of a particular training model as it affects teacher's interactions with children. I will be collecting data on the teachers and not on the children, but would like to respectfully request for your willingness for your child to participate in my study. The teachers will be video taped during special play times, and all tapes will be kept confidential. All attempts will be made to videotape only the teacher trainees. Your child will not be identified in the study, nor will any data be collected about your child.

My teachers in training are required to spend 15 hours in the CDL, and will be having 30 minute special play times with one child each week for 7 weeks. The teachers will be video taping some of the sessions for measurements. Again, no data will be collected on the child, only on the teachers. All participants will be trained and supervised in their individual play sessions by Dr. Garry Landreth, and by myself. Possible benefits to your child are an enhanced relationship on the part of the teachers. Through the course of this study no overt risks to your child's physical or mental health will exist.

Your participation would be appreciated and very helpful as we examine the usefulness of training teachers in play therapy techniques to more effectively provide a helpful environment for children in the CDL and in schools all over North Texas, and the nation. Your participation is completely voluntary and would in no way affect your child's standing in the CDL or in their class. I appreciate your support and willingness to participate in this study. Results of the study will be available at the termination of the study to all participants. Please feel free to call me with any questions at (940) 565-3864 or speak with Carol Hagen. This project has been reviewed and approved by the UNT Committee for the Protection of Human Subjects (940/565-3940).

Sincerely,

Christopher J. Brown, MS, TLPC  
Assistant Director,  
The Center for Play Therapy  
Doctoral Student in the Department of Counselor Education

---

Please indicate your willingness to have your child participate in the above described Doctoral Dissertation study under the direction of Christopher J. Brown and supervised by major professor Dr. Garry Landreth.

◇ I do grant permission for my child \_\_\_\_\_ to participate in this project.

◇ I do not grant permission for my child \_\_\_\_\_ to participate in this project.

\_\_\_\_\_  
Parent / Guardian's Signature & Date

Appendix B  
Filial Therapy Training Model  
Outline and Handouts

**CHILD-TEACHER RELATIONSHIP TRAINING WITH TEACHER TRAINEES**

Garry L. Landreth & Christopher J. Brown

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## **CHILD-TEACHER RELATIONSHIP SESSION ONE - TEACHER TRAINEES**

### **1) Introduce Self**

- a) Welcome group, give nametags to all participants.

### **2) Overview of Filial Training**

- a) Play is the child's language
- b) Based on actions, not words
- c) Way of preventing problems because adults become aware of children's needs.
- d) Techniques from play therapy will:
  - i) Return control to classroom teacher
  - ii) Provide closer, happier times with students
  - iii) Give teacher key to understanding inner world of children.

*"In ten weeks, you are going to be different, and your relationship with children will be different."*

### **3) Group Introductions**

- a) Introduce self & describe interest in learning Child-Teacher Relationship for relationship skills building
- b) Give background with children and future career aspirations.
- c) *Leader: make connections between teacher trainees, generalizing comments to other trainees: "Anyone else feel anxious in relating with children?"*

### **4) Provide Basic Agenda**

- a) One half hour play sessions
- b) Videotaping: everyone will be videotaped for supervision purposes.
- c) We will see demonstrations before starting!
- d) Objective for children in Play Therapy:
  - i) Self Responsibility
  - ii) Self Control
  - iii) Self Esteem
  - iv) State own emotions.
- e) Patience is needed in learning new language.
  - i) VIDEO: "Children's Emotions: Life's First Feelings Segments"

### **5) Reflective Listening**

- a) Demonstrate with volunteer (@ 5 min.); discuss what week has been like.
  - i) "Did I understand?"
  - ii) "How did you know I understood?"
    - (1) How do we demonstrate understanding to children?
    - (2) What did you see me do?
- b) Role Play with person next to you

- i) Talkers: discuss a frustrating situation, or something that has been bothering you.
- ii) Listeners: you listen and for 5 minutes you can not solve their problems.
  - (1) 2 min.: "What I hear you saying is \_\_\_\_\_."
  - (2) 2 min.: "It seems like you feel \_\_\_\_\_."
- c) Reflective listening is:
  - i) A way of following, rather than leading
  - ii) Don't ask questions
  - iii) Reflect behaviors, patterns and feelings.
- d) Responses Say:
  - i) I am here; I hear you.
  - ii) I understand.
  - iii) I care.
- e) Responses do not:
  - i) I always agree.
  - ii) I must make you happy.
  - iii) I will solve your problems
- f) VIDEO: demonstrate play sessions
  - i) Discussion:
    - (1) What did you see?
    - (2) What was different about what I did?
    - (3) In what ways would this be helpful?

**6) Homework:**

- a) Practice reflective listening this week (handout with 4 faces)
- b) Journal.

## **CHILD-TEACHER RELATIONSHIP SESSION TWO - TEACHER TRAINEES**

### **1) Homework Review:**

- a) Journal Entry
- b) Faces Sheet

### **2) Handout: "Child-Teacher Relationship Group for Teacher Trainees"**

- a) Go over entire sheet, especially list of toys
  - i) Use demonstration box for example
- b) The 'how to' of play sessions
  - i)

### **3) Demonstration**

- a) VIDEO: Show videotapes of session, or do live demonstration.

### **4) Role Play**

- a) Have participant's pair off and role-play to practice reflective responding in play room or with toys.

**RULE OF THUMB:** You can not give away what you do not possess.

*As significant people in the life of children we may come to the sessions deeply aware of our failures in working with children. Despite these experiences it is imperative that we enter this process being patient and accepting toward ourselves as well as the child.*



## **CHILD-TEACHER RELATIONSHIP GROUP FOR TEACHER TRAINEES**

From: Christopher J. Brown and Garry Landreth

### **Basic Principles of the Play Sessions**

1. The child should be completely free to determine how the child will use the time. The child leads and the adult follows without making suggestions or asking questions.
2. The adult's major task is to empathize with the child, to understand the intent of the child actions, and the child's thoughts and feelings.
3. The adult's next task is to communicate this understanding to the child by appropriate comments, particularly, whenever possible, by verbalizing the feelings that the child is actively experiencing.
4. The adult is to be clear and firm about the few limits that are placed on the child. Limits are set on: time, not breaking specified toys, and not physically hurting the adult.

### **Goals of the Play Sessions**

1. To help the child change perceptions of the adult's feelings, attitudes, and behavior.
2. To allow the child – through the medium of play – to communicate thought, needs, and feelings to the adult.
3. To help the child develop more positive feelings of self-respect, self-worth, and confidence.

### **Reminder:**

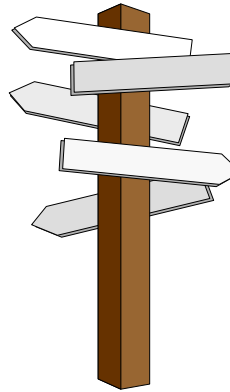
These play sessions and the techniques you use are relatively meaningless if they are applied mechanically and not as an attempt to be genuinely empathic and to truly understand the child.

### **Toys for Play Sessions:**

Creative: Play Doh, crayons (8count), paper, blunt scissors,  
Nurturing: nursing bottle, doll, small blanket, tea set for 2, doctor kit,  
Aggressive: rubber knife, dart gun, toy soldiers (10-15), punching bag, 5' of rope, toy snake,  
Dramatic: family of small dolls, dollhouse furniture, lone ranger type mask, hand puppet, plastic animals (2 domestic, 2 wild)  
Other: small plastic car, tinker toys, ball (soft sponge type)

### **Place for the Play Sessions:**

Whatever room seems to offer the fewest distractions to the child and the greatest freedom from worry about breaking things or making a mess. Set aside a regular time in advance. This time is to be undisturbed – no cellular phone calls, or beepers. You may wish to explain to the child you meet with that you are having these play times because



you are interested in learning how to play with the child in a different, “special” way than you usually do.

**Process:**

Let the child use the bathroom prior to the sessions. Tell the child, “we will have 30 minutes of special play time and you may choose to play with the toys in a lot of the ways you’d like to.” Let the child lead from this point. Play actively with the child if the child requests your participation. Only set limits that are necessary to ensure your safety, the safety of the child, and the safety of the toys that are not for destroying. Track the child’s behaviors and feelings verbally. Do not identify the toys by their normal names; call them “it”, “that”, etc. Give the child a five-minute notice before the termination of the session. Do not exceed the time limit by more than 2 or 3 minutes. And most importantly, remember to enjoy the time with the child!

## FACILITATITNG REFLECTIVE COMMUNICATION

What responses would you make to the following situations if you were practicing reflecting the child's feelings:

- 1) Joe: (with a wrinkled brow, red face, and tears in his eyes) "We lost. That team didn't play fair!"

Adult: \_\_\_\_\_

\_\_\_\_\_

- 2) Jill: (receives a C test paper back in class and looks up to the teacher) "I tried so hard, but it didn't do any good."

Adult: \_\_\_\_\_

\_\_\_\_\_

- 3) Janet: (rummaging through her backpack wildly, looking for a homework assignment that took a lot of work) "I can never find what I want." (begins to cry)

Adult: \_\_\_\_\_

\_\_\_\_\_

- 4) John: (undressing Barbie doll at recess) "Wow. Look at her butt."

Adult: \_\_\_\_\_

\_\_\_\_\_

- 5) Carol: (looking into the doorway to the restroom cautiously) "What's in there? Will you come with me?"

Adult: \_\_\_\_\_

\_\_\_\_\_

- 6) Charlie: (showing his torn, smudged paper) "Look at what I did in art class, don't you think that I'm a good artist?"

Adult: \_\_\_\_\_

\_\_\_\_\_

## **CHILD-TEACHER RELATIONSHIP SESSION THREE - TEACHER TRAINEES**

### **1) Homework Review:**

- a) "Facilitating Reflective Communication" Handout
- b) Times available for Play Sessions
  - i) Pass around sign up sheet schedule, have participants list child from initial play session
- c) Toys
  - i) Review list with teacher trainees for future reference.

### **2) Handout: "Basic Rules for Child-Teacher Relationship Training with Teacher Trainees"**

- a) Use to review rules for play sessions
- b) Basic Limits
  - i) Child's name
  - ii) Acknowledge** the Feeling: "I know you'd like to shoot the gun at me..."
  - iii) Communicate** Limit: ", but I'm not for shooting at..."
  - iv) Target** Alternative: "you can choose to shoot at the (appropriate alternative)." (Landreth, 1991)

### **3) Demonstration**

- a) Conduct a live play session via video remote, or with a screen for participants to see a live session of play therapy
  - i) .

### **4) Video Taping:**

- a) Arrange for a teacher trainees to video tape during this week; tape first session.
  - i) Volunteers:
    - (1) .
    - (2) .
    - (3) .
- b) Questions: answer any nervous questions about first play time.
  - i) *Be reassuring to beginning play therapists; this is a new language for them and a new way of communicating deeply felt respect and value for children.*

### **5) Homework:**

- a) Have first play session.

## **BASIC RULE FOR CHILD-TEACHER RELATIONSHIP TRAINING**

### **DO:**

Set the stage for the child  
Let the child lead  
Track behavior  
Reflect the child's feelings  
Set appropriate limits  
Salute the child's power and effort  
Join in the play as a follower  
Be verbally active

### **DO NOT:**

Criticize any behavior  
Praise the child  
Ask leading questions  
Allow interruptions of the time together  
Give information or teach  
Preach  
Initiate new behavior  
Be passive, quiet

### **Check your responses to the child. Your responses should convey:**

- You are not alone: I am here with you.
- I understand how you feel and I hear/see you.
- I care

### **Your responses should not convey:**

- I will solve your problems for you.
- I am responsible for making you happy
- Because I understand you, that means I automatically agree with you.

### **The Eight Basic Principles of Non-Directive Play Therapy**

- 1) The therapist must develop a warm friendly relationship with the child, in which good rapport is established as soon as possible.
- 2) The therapist accepts the child exactly as the child is.
- 3) The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely.
- 4) The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to the child in such a manner that the child gains insight into behavior
- 5) The therapist maintains a deep respect for the child's ability to solve problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
- 6) The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
- 7) The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
- 8) The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of the child's responsibility in the relationship.

## **CHILD-TEACHER RELATIONSHIP SESSION FOUR – TEACHER TRAINEES**

### **1) Debriefing**

- a) How did the play sessions go?
  - i) *Be aware of time – keep the group process moving.*

### **2) Discuss Rules of Child-Teacher Relationship**

- a) As the participants are reporting use their examples to demonstrate the tenets of Child-Teacher Relationship training.
  - i) Focus on how the participants were able to reflect on the child's feelings.

### **3) Handout: “Two Techniques of Discipline that Work.”**

- a) Go over importance of using this as first step in discipline process.
- b) Discuss possible application of Child-Teacher Relationship techniques to classroom and large groups of children – *be careful not to attempt to make too many generalizations at this point, focus primarily on the 30-minute play time.*  
*Participants are easily overwhelmed by how to incorporate this with 30 children.*

### **4) Video Taping:**

- a) Arrange for teacher trainees to videotape during the week; tape second session.
  - i) Volunteers:
    - (1) .
    - (2) .
    - (3) .
- b) View and critique previous week's volunteers.
  - i) *Careful in feedback this early in the training. Point out 2-3 positive points and suggest one adaptation or change.*

### **5) Rule of Thumb:**

- a) When a child is drowning, don't try to teach the child to swim.

If a child is feeling upset, that is not the moment to impart a rule or value.

**6) Homework:**

- a) Notice one intense feeling in yourself this week
- b) Journal: Discuss the following questions:
  - i) Something I learned about myself:
  - ii) Something I learned about children:
  - iii) Something I learned about Child-Teacher Relationship Training.



## **TWO TECHNIQUES OF DISCIPLINE THAT WORK**

- 1) Firm Limit Setting:
  - a) Three steps:
    - i) Acknowledge the feeling.
    - ii) Communicate the Limit.
    - iii) Target an alternative.
  - b) After the three steps have been followed, do not discuss. Ex: “Oh Robert I can tell you’d love to discuss this some more, but I have already answered that question.”
  - c) If you can’t or are not prepared to answer the question at that time (i.e. you want to discuss it with someone, or just plain do not know what you would like to decide on...)
    - i) Ex. “I can’t answer that right now because...I’ll let you know ...(specific time).”
    - ii) Ex. Nagging begins: “I can see you really want the answer now. If you must have an answer now the answer will be NO.”
  - d) If the child asks the same question again clearly and calmly state your stance: “I’ve already answered that question.” Variations:
    - i) Ex. “Do you remember the answer I gave you a few minutes ago when you asked that same question?” Child answers, “No, I don’t remember.” Teacher responds: “You can go sit in a quiet place and think, and I know you’ll remember.”
    - ii) Ex. “I’ve answered that question once (twice), and that is enough.”
    - iii) If you think the child doesn’t understand: “I’ve already answered that question. You must have some special question about the answer.”
  - e) If you’re undecided and open to persuasion: “I don’t know...let’s sit down and discuss it.”
- 2) Choices: Give the child a choice, providing acceptable choices commensurate with experience / age.

*Adapted from Landreth (1991) with permission.*

## **CHILD-TEACHER RELATIONSHIP SESSION FIVE – TEACHER TRAINEES**

### **1) Debriefing**

- a) Combined with report on the intense feeling they had (homework).
- b) Focus on importance of awareness of themselves in play sessions.

### **2) Handout: “When Setting Limits Doesn’t Work.”**

### **3) Video Taping**

- a) Arrange for teacher trainees to videotape during the week; tape second session.
  - i) Volunteers:
    - (1) .
    - (2) .
    - (3) .
- b) View and critique previous week’s volunteers

### **4) Rule of Thumb:**

- a) Good things come in small packages
  - i) We enter a child’s world in little ways, not big ones.  
We can’t expect to be a part of only the big events in a child’s life.

### **5) Homework:**

- a) Play time.
- b) Journal entry.
- c) Practice giving one choice. Record in Journal.

### **WHEN LIMIT SETTING DOESN'T WORK**

You have been careful several times to reflect the child's feelings, set clear, fair limits, and give the child an alternate way to express feelings. Now the child continues to deliberately disobey. What do you do?

- 1) **LOOK FOR NATURAL CAUSES FOR REBELLION**: Fatigue, sickness, hunger, extreme stress, abuse/neglect, etc. Take care of physical needs and crises before expecting cooperation.
- 2) **REMAIN IN CONTROL, RESPECTING YOURSELF AND THE CHILD**: You are not a failure if the child rebels, and the child is not bad. All kids need to practice rebelling.
- 3) **SET REASONABLE CONSEQUENCES FOR DISOBEDIENCE**: Let the child choose to obey or disobey, but set a reasonable consequence for disobedience. Example: "If you choose to talk during story time today, then you choose not to participate in story time tomorrow in class."
- 4) **NEVER TOLERATE VIOLENCE**: Physically restrain the child who becomes violent, without becoming aggressive yourself. Reflect the child's anger and loneliness. Provide compassionate control and understanding.
- 5) **IF THE CHILD REFUSES TO CHOOSE, YOU CHOOSE FOR THE CHILD**: The child's refusal to choose also a choice. Set the consequences. Example: "If you choose not to...(choice A or B), then you choose to for me to pick the one that is most convenient for me."
- 6) **ENFORCE THE CONSEQUENCES**: "Don't draw your gun unless you intend to shoot." If you crumble under a child's anger or tears, you have abdicated your role as adult and lost your power. Get tough, try again.
- 7) **RECOGNIZE THE SIGNS OF DEPRESSION**: The chronically angry or rebellious child is in emotional trouble and may need professional help. Share your concerns with the child. Example: "John, I've noticed that you seem to be angry and unhappy most of the time. I care for you and I am worried about you. I am going to talk with you parents and help you get some help so we can all be happier."



## **CHILD-TEACHER RELATIONSHIP SESSION SIX - TEACHER TRAINEES**

### **1) Supervision Groups: 40 minutes.**

- i) Break the group into smaller groups of 6-9. No more than 9 to allow everyone to talk.
- b) How did things go?
- c) What problems you experience?
  - i) Role play problems
- d) Critique video tape
  - i) Leader models appropriate feedback
    - (1) Beware of "nice" feedback by the participants to each other, and encourage honest feedback about weaknesses as well as strengths.

### **2) Handout: "Common Problems in Child-Teacher Relationship Training"**

### **3) Video Taping**

- a) Arrange for teacher trainees to videotape during the week; tape third session
  - i) Volunteers:
    - (1) .
    - (2) .
    - (3) .

### **4) Rule of Thumb:**

- a) Grant in fantasy what you can't grant in reality.
  - i) Example: it's okay for a test paper to be torn up in play time, it's okay for the bop bag teacher to be hit.

### **5) Homework:**

- a) Continue play sessions.
- b) Response sheets.

## **COMMON PROBLEMS IN CHILD-TEACHER RELATIONSHIP TRAINING**

- 1) Q: The child notices that I talk differently in the play sessions, and wants me to talk 'normally.' What should I do?

A: \_\_\_\_\_  
\_\_\_\_\_

- 2) Q: The child asks questions during the play sessions and resents my not answering them. What should I do?

A: \_\_\_\_\_  
\_\_\_\_\_

- 3) I'm bored. What's the value of this?

A: \_\_\_\_\_  
\_\_\_\_\_

- 4) The child doesn't respond to my comments. How do I know I'm on target?

A: \_\_\_\_\_  
\_\_\_\_\_

- 5) When is it okay for me to ask questions, and when is it not okay?

A: \_\_\_\_\_  
\_\_\_\_\_

- 6) The child hates the play sessions. Should I discontinue them?

A: \_\_\_\_\_  
\_\_\_\_\_

- 7) The child wants to play longer. Should I extend the session?

A: \_\_\_\_\_  
\_\_\_\_\_

## **THERAPEUTIC RESPONSES: PRACTICE SHEET #2**

- 1) The child stands in the hallway in front of the play room and says, "I don't want to go in! I don't like the stupid play room, and I don't like you either...."

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- 2) The child walks to the sand box with a cup of paint and a grin and looks up at the play therapist...

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- 3) The child walks to the therapist, stands close to the chair and opens his arms to the play therapist...

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- 4) As you make reflections you find your mind wondering to your grocery list, and thinking about all you have to do on the way home today...

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- 5) As you make what seems to be an accurate and exceptionally insightful reflection of feelings, the child looks up at you and says, "Nope that's not it at all. I don't feel that way at all."...

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- 6) The child grabs the dart gun, loads it, as he grabs a paintbrush loaded with red in the other hand, as he tries to turn out the light with his elbow...

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## **CHILD-TEACHER RELATIONSHIP SESSION SEVEN - TEACHER TRAINEES**

### **1) Supervision Groups**

- a) How did things go?
- b) What problems did you experience?
  - i) Role-play problems.
- c) Critique videotape.
  - i) Get volunteers to videotape next week.

### **2) Review Homework:**

- a) Common Problems in Child-Teacher Relationship Training
- b) Therapeutic Responses #2.

### **3) Handout: Therapeutic Responses #3.**

- a) Review significant issues surrounding therapeutic responses.

### **4) Review**

- a) Reflective listening, setting limits, giving choices, and any other relevant issues.

### **5) Rule of Thumb:**

- a) Encourage the effort, not the product.
  - i) Praise recognizes the result, and Encouragement recognizes the effort.

### **6) Homework:**

- a) Have playtime.
- b) Therapeutic Responses #3.

### **THERAPEUTIC RESPONSES: PRACTICE SHEET #3**

- 1) The child walks to the sand with a full bucket of water and starts to pour it into an already drenched sandbox. (Note: the child has been able to pour water in sand box before, and never needed a limit set.)  

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- 2) The child picks up all of the paintbrushes and begins putting them in different colors.  

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- 3) You become increasingly aware as the water runs and runs that you need to use the restroom in the worst way...3 minutes left in the session.  

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- 4) A child begins to play out a particularly aggressive theme with the dolls in the doll house in which the father hits the mother and all of the children. This pattern repeats it's self for three weeks.  

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- 5) The child paints what might be a dog, horse, car, etc., turns with a big grin and says, "What do you think?"  

---

---
- 6) The child plays close to the therapist for most of the session, and at the one minute warning grabs on to the therapist's leg and shouts, "I don't want to go back, I like it here!"  

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## **CHILD-TEACHER RELATIONSHIP SESSION EIGHT - TEACHER TRAINEES**

### **1) Supervision Groups**

- a) How did things go?
- b) What problems did you experience?
  - i) Role-play problems.
- c) Critique videotape.
  - i) Get volunteers to videotape next week.

### **2) Review Homework:**

- a) Therapeutic Responses #3.

### **3) Handout: Therapeutic Responses #4.**

- a) Review significant issues surrounding therapeutic responses.

### **4) Rule of Thumb:**

- a) If you draw your gun, shoot.
  - i) Idle threats harm your relationship with your child.

### **5) Homework:**

- a) Have playtime.
- b) Therapeutic Responses #4

## **CHILD-TEACHER RELATIONSHIP SESSION NINE - TEACHER TRAINEES**

### **1) Supervision Groups**

- a) How did things go?
- b) What problems did you experience?
  - i) Role-play problems.
- c) Critique videotape.
  - i) Get volunteers to videotape next week.

### **2) Child-Teacher Relationship Follow Up**

- a) Contracts
  - i) Review contents of contract.

### **3) Review Homework:**

- a) Therapeutic Responses #4.

### **4) Rule of Thumb:**

- a) Don't answer questions that have not been asked.
  - i) Look behind the question for the deeper question.

### **5) Homework:**

- a) Have playtime.
- b) Write contract to have play times in various settings.

## **CHILD-TEACHER RELATIONSHIP SESSION TEN - TEACHER TRAINEES**

### **1) Supervision Groups**

- a) How did things go?
- b) What problems did you experience?
  - i) Role-play problems.
- c) Critique videotape.
  - i) Get volunteers to videotape next week.

### **2) Review Homework:**

- a) Personal Contracts:
  - i) Have play times in various settings.

### **3) Handout: "Rules of Thumb and Other Things to Remember"**

### **4) Closing Procedures:**

- a) Focus on differences in child and adult -- then and now
- b) Encourage feedback within group on positive changes made.

### **5) Continuing Play Sessions:**

- a) Encourage the participants to continue play sessions in various settings.

### **6) Rule of Thumb:**

- a) If you can't say it in 10 words or less, don't say it.

Appendix C  
Instrumentation:  
Measurement of Empathy in Adult-Child Interactions  
Play Therapy Attitude-Knowledge-Skills Survey

## MEASUREMENT OF EMPATHY IN ADULT-CHILD INTERACTION Rating Form

<b>Rater:</b>	<b>Video Tape Code #:</b>
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**Communication of Acceptance** verbal expression of acceptance / rejection

1. Verbally Conveys Acceptance of Feelings. *You're proud of..., You really like..., That makes you angry...*
2. Verbally Recognizes & Accepts Behavior Only (tracking, giving credit): *You got it that time., Your hitting the..., You really stabbed...*
3. Social or NQ Conversation: *Mothers aren't very good at that. These are nice toys.*
4. Slight to Moderate Verbal Criticism: *No, not that way. You'll have to be more careful. That's cheating. You'll ruin the paints.*
5. Strongly Critical / Preaching / Rejecting: *You see, I told you to do it the other way, It's not nice to feel/say..., How stupid! You're being nasty.*

**Allowing the Child Self-Direction** behavioral willingness to follow the child's lead (rather than control the child's behavior).

1. Follows the Child's Lead (no verbal comment necessary): *You'd like me to..., I'm supposed to..., Show me what you want me...(whisper tech.)*
2. Allows Child Option for Lead-Taking but asks / volunteers info: *gives praise: What shall we do? "Good", You can shoot this. You did it right.*
3. Adult Takes Lead (teaching child how to do): *Are you sure that's how..., See if you can do..., Take your time and aim, It might work better...*
4. Directs or Instructs Child (initiates new activity): *Put the doll away first. Why don't you..., Let's play..., Don't put the...*
5. Persuades, Demands, Interrupts, Interferes, Insists: *No, take this one, That's enough, I told you not to..., You've got to...*

**Involvement** adult's attention to and participation in the child's activity (may not always contribute in a positive way)

1. Fully Observant (more attention to child than to objects being used): *involved verbally and with "eyes" (& physically when invited by child)*
2. High Level of Attention (attention to activity rather than child): *when adult more involved in game than attending to child's reactions/ behaviors*
3. Marginal Attention: *no joint activity, adult involved in own activity to degree that it interferes with attentiveness occasionally comments on child's activity*
4. Partially Withdraw / Preoccupied: *infrequently observes, but doesn't comment, fails to attends to child's needs but responds when asked by child.*
5. Self-involved / Shut Off: *child ignored for prolonged period, child must repeat or prompt to get a response.*

**DIRECTIONS FOR SCORING:** A rating is made every 3 minute interval for 6 intervals (scoring is retrospective)  
(Highest score = 1; Lowest score = 5)

<b>Communication of Acceptance</b>	1	2	3	4	5	6	Total	Score / Avg Total
Score Highest Level								
Score Lowest Level								
Comments:								

<b>Allowing Self Direction</b>	1	2	3	4	5	6	Total	Score / Total
Score Lowest Level								
Comments:								

<b>Involvement</b>	1	2	3	4	5	6	Total	Score / Total
Score Lowest Level								
Comments:								

<b>Empathy Score</b>	Grand Total:

[This form was adapted by Bratton (1993) from Stover, B.Guerney, and O'Connell (1971)]

Code: (Please give the last 4 digits of your home phone)

### Play Therapy Attitude-Knowledge-Skills Survey

This survey is designed to provide the play therapy trainer information regarding the attitude, knowledge and skills of a group of trainees. It is not a test. No grade will be given as a result of completing this survey. Please read each statement/question carefully. From the available choices, circle the one that best fits your reaction to each statement/question. Thank you for your cooperation.

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_  
 Courses taken in play therapy field: 0 \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 More than 3 \_\_\_\_\_  
 Clinical experience in play therapy: None \_\_\_\_\_ Under 1yr \_\_\_\_\_  
 1yr \_\_\_\_\_ 2yrs \_\_\_\_\_ 3yrs \_\_\_\_\_ More than 3yrs \_\_\_\_\_  
 Play therapy workshop attended: 0 \_\_\_\_\_ 1-3days \_\_\_\_\_ 4-6days \_\_\_\_\_  
 7-10days \_\_\_\_\_ More than 10days \_\_\_\_\_  
 Work experience with children: None \_\_\_\_\_ School teacher \_\_\_\_\_  
 Child Care \_\_\_\_\_ Other \_\_\_\_\_ (Specify) \_\_\_\_\_

On the following statements, please indicate your response with each statement in the following manner:

- 1 --- Never  
2 --- Seldom  
3 --- Sometimes  
4 --- Often  
5 --- Always

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. I enjoy being child-like sometimes.                                    | 1 | 2 | 3 | 4 | 5 |
| 2. I am accepting of the child part of myself.                            | 1 | 2 | 3 | 4 | 5 |
| 3. I enter new relationship with children with confidence and relaxation. | 1 | 2 | 3 | 4 | 5 |
| 4. I am a warm and friendly person to children.                           | 1 | 2 | 3 | 4 | 5 |
| 5. I usually provide too many answers to children.                        | 1 | 2 | 3 | 4 | 5 |
| 6. I have a high tolerance for ambiguity.                                 | 1 | 2 | 3 | 4 | 5 |



7. I am vulnerable and make mistakes at times. 1 2 3 4 5
8. I know myself and accept myself as who I am. 1 2 3 4 5
9. I have a sense that children trust me. 1 2 3 4 5
10. I appreciate my childhood. 1 2 3 4 5

On the following statements, please indicate your agreement or disagreement with each statement in the following manner:

- 1 --- Strongly Disagree  
 2 --- Disagree  
 3 --- Undecided  
 4 --- Agree  
 5 --- Strongly Agree

- |   | SD |   |   |   | SA |
|---|----|---|---|---|----|
| 11. Children's behavior is usually unpredictable.   | 1  | 2 | 3 | 4 | 5  |
| 12. The underlying motivation of children's behavior can be understood.   | 1  | 2 | 3 | 4 | 5  |
| 13. Children are basically miniature adults.  | 1  | 2 | 3 | 4 | 5  |
| 14. Children are irresponsible.   | 1  | 2 | 3 | 4 | 5  |
| 15. Children possess a tremendous capacity to overcome obstacles and circumstances in their lives.  | 1  | 2 | 3 | 4 | 5  |
| 16. Children's behavior is usually explainable.   | 1  | 2 | 3 | 4 | 5  |
| 17. Since children are in the process of developing, they do not usually experience the depth of emotional pain adults are capable of experiencing. | 1  | 2 | 3 | 4 | 5  |
| 18. Children are capable of positive self-direction if given an opportunity to do so.   | 1  | 2 | 3 | 4 | 5  |
| 19. How things seem to children is more important than what has actually happened.  | 1  | 2 | 3 | 4 | 5  |
| 20. Children's behavior needs to be molded and directed for optimal growth and adjustment.  | 1  | 2 | 3 | 4 | 5  |

## PTAKSS 1

21. Children's behavior is usually understandable.	1	2	3	4	5
22. Children can be helped to grow and mature faster.	1	2	3	4	5
23. Children usually need considerable structure and direction since they are still learning and developing.	1	2	3	4	5
24. Children are capable of figuring things out.	1	2	3	4	5
25. Children are resourceful.	1	2	3	4	5
26. Children are unkind.	1	2	3	4	5
27. Children tend to make the right decision.	1	2	3	4	5
28. Children need a capable adult to point them in the right direction.	1	2	3	4	5
29. Children think before they act.	1	2	3	4	5
30. Children are capable of insight into their own behaviors.	1	2	3	4	5
31. Children are unfeeling.	1	2	3	4	5
32. Children can be trusted.	1	2	3	4	5
33. Children will out grow most of their problems.	1	2	3	4	5
34. Most children are able to express their feelings, frustrations, and personal problems through verbal expression.	1	2	3	4	5
35. Adjusted and maladjusted children express similar types of negative attitudes.	1	2	3	4	5
36. Most children need direction from a counselor to work out solutions to their own problems in a counseling relationship.	1	2	3	4	5
37. Typically, an adult must intervene physically or directly to stop most children's aggressive and/or destructive behavior.	1	2	3	4	5
38. Children communicate in much the same way as adults.	1	2	3	4	5

## PTAKSS 4

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 39. Adult counselors and play therapists use similar techniques.   | 1 | 2 | 3 | 4 | 5 |
| 40. Children's natural medium of communication is play and activity.   | 1 | 2 | 3 | 4 | 5 |
| 41. How the therapist feels about the child is more important than what the therapist knows about the child. | 1 | 2 | 3 | 4 | 5 |
| 42. Children do not have emotional disturbance problems. They just lack education and training.              | 1 | 2 | 3 | 4 | 5 |

On the following statements, please indicate your response with each statement in the following manner:

- |       |              |
|-------|--------------|
| 1 --- | None         |
| 2 --- | Very Limited |
| 3 --- | Limited      |
| 4 --- | Good         |
| 5 --- | Very Good    |

	LOW				HIGH
--	-----	--	--	--	------

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 43. In general, how would you rate your knowledge of play therapy as an approach for counseling with children?           | 1 | 2 | 3 | 4 | 5 |
| 44. How would you rate your understanding of the reasons for selecting and excluding toys and materials in play therapy? | 1 | 2 | 3 | 4 | 5 |
| 45. How would you rate your awareness of your own feelings when you are relating to children?                            | 1 | 2 | 3 | 4 | 5 |
| 46. In general, how would you rate your knowledge of how children communicate?   | 1 | 2 | 3 | 4 | 5 |
| 47. In general, how would you rate your knowledge of identifying areas where limits should be set.                       | 1 | 2 | 3 | 4 | 5 |

At the present time, how would you rate your own understanding of the following terms:

- |     |              |   |   |   |   |   |
|-----|--------------|---|---|---|---|---|
| 48. | "Play theme" | 1 | 2 | 3 | 4 | 5 |
| 49. | "Tracking"   | 1 | 2 | 3 | 4 | 5 |

## PTAKSS 5

50.	"Returning responsibility"	1	2	3	4	5
51.	"Therapeutic limit setting"	1	2	3	4	5
52.	"Choice giving"	1	2	3	4	5
53.	"Play materials"	1	2	3	4	5
54.	"Play therapy"	1	2	3	4	5
55.	How would you rate your ability to conduct a play therapy session with a child?	1	2	3	4	5
56.	How would you rate your ability to effectively assess the mental health needs of a child?	1	2	3	4	5
57.	How well would you rate your ability to distinguish differences in counseling adults and children?	1	2	3	4	5
58.	How would you rate your ability to identify the strengths and weaknesses of verbal therapy in terms of their use with different age children?	1	2	3	4	5
59.	How would you rate your overall ability to relate to children?	1	2	3	4	5
60.	How would you rate your ability to achieve the frame of reference of a child?	1	2	3	4	5
61.	In general, how would you rate yourself in terms of being able to effectively deal with a silent child in play therapy?	1	2	3	4	5
62.	How would you rate yourself in terms of being able to effectively deal with an aggressive child in play therapy?	1	2	3	4	5
63.	How would you rate yourself in terms of being able to effectively deal with a reluctant anxious child in play therapy?	1	2	3	4	5
64.	How well would you rate your ability to discuss the issue of confidentiality with parents?	1	2	3	4	5
65.	How would you rate your ability to help parents understand their children?	1	2	3	4	5

66. In general, how would you rate your ability to accurately articulate a child's problem?	1	2	3	4	5
67. How would you rate your ability to critique a play therapy session?	1	2	3	4	5
68. How well do you think you could identify play themes in a play therapy situation?	1	2	3	4	5
69. In general, how would you rate your skill level in terms of being able to provide appropriate counseling services to children?	1	2	3	4	5
70. How would you rate your ability to effectively consult with another mental health professional concerning the mental health needs of a child?	1	2	3	4	5
71. Rate your ability to communicate to a child your understanding of the child's feelings and play activity in play therapy.	1	2	3	4	5
72. Rate your ability to select appropriate toys for play therapy.	1	2	3	4	5
73. Rate your ability to identify children's emotions in play therapy.	1	2	3	4	5
74. Rate your ability to structure the play therapy relationship.	1	2	3	4	5
75. Rate your ability to understand symbolic play in play therapy.	1	2	3	4	5
76. Rate your ability to understand the meaning of children's questions.	1	2	3	4	5
77. Rate your ability to communicate the steps in therapeutic limit setting.	1	2	3	4	5
78. Rate your ability to set limits on children's behavior in play therapy.	1	2	3	4	5
79. Rate your ability to establish a facilitative relationship with a child in play therapy.	1	2	3	4	5
80. Rate your ability to build children's self-esteem without causing dependency in play therapy.	1	2	3	4	5

## APPENDIX D

### Correspondence



University of North Texas  
Institutional Review Board

August 16, 1999

Christopher J. Brown  
1420 W. Main #510  
Lewisville, TX 75067

Re: Human Subjects Application No. 99-149

Dear Mr. Brown:

As permitted by federal law and regulations governing the use of human subjects in research projects (45 CFR 46), I have conducted an expedited review of your proposed project titled "Child Sensitivity Training For Teachers." The risks inherent in this research are minimal, and the potential benefits to the subjects outweigh those risks. The submitted protocol and informed consent form is hereby approved for use of human subjects on this project.

The UNT IRB must re-review this project annually and/or prior to any modifications you make in the approved project. Please contact me if you wish to make such changes or need additional information.

Sincerely,



Reata Busby, Chair  
Institutional Review Board

RB:sb

For a copy of the Institutional Review Board's policies and procedures,  
contact the Institutional Review Board at 817.272.7100 or go to <http://www.unt.edu/irb>  
or contact the Institutional Review Board at 817.272.7100.



University of North Texas  
Institution of Education  
Learning to become a global citizen

September 13, 1999

Dear Christopher,

I have received your request to use the Child Development Laboratory as a site for your dissertation research. We would be happy to support your work, and are sending permission slips home to the children's families.

Please let us know when you are ready to begin. We will support you and your work in any way we can.

Sincerely,

Carol Hagen, Director  
Child Development Laboratory

Attachment:  
dissertation research letter to parents for Christopher Brown





University of North Texas  
College of Education  
Child Development Laboratory

September 13, 1999

Dear Parents,

Please read the attached letter from Christopher Brown, who is a doctoral student in the Department of Counselor Education. He would like to video tape students' interactions with children from the Child Development Laboratory during play. Although you may have already given permission for your child to be involved in play sessions, the present request relates specifically to the data to be collected for Christopher's doctoral dissertation.

While the focus will be on the university student, individual children will also appear in the videos. Your child will not be chosen to participate in this study unless you sign the attached form. Please be sure to contact me if you have any questions.

Sincerely,

Carol Hagen, Director  
Child Development Laboratory

Attachment

P.O. Box 111312 • Denton, Texas 76203-1312  
(817) 565-2555 • TDD (817) 565-2689

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